FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998 V14585

(6)

SOUTH	I FLORIDA PETROLEUM I	DEVELOPERS, INC.			
Principal Plac	e of Business	Mailing Address		E HOORI Arkoom rivan didak darah sakan dirik didak dida	I BAGIN BIDIN DIBIN BIDIN 1881
JANICE ROBINSON-SANDS 8240 SW 150 DR 8240 SW 150 DR MIAMI FL 33158 US				DO NOT WRITE IN THIS SPACE	
US	143	03		3. Date Incorporated or Qualified	
1				02/14/1992	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0361316	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		F .	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the cu	rrent year Intangible
24	25	29	30	_ · · · · · · · · · · · · · · · · · ·	Yes 🔲 No
	9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered	Agent
SC	HITZER, GERALD S		81 Name		
	S ADVISORY SERVICES, INC.		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
245	55 E SUNRISE BLVD #502				
FT	LAUDERDALE FL 33304		83		
			84 City		85 Zip Code
			City	FL	. De Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607,1508, Florida Statut	tes, the above-named corp	poration submits this statement for the purpose of	f changing its registered
office or r	'egistered agent, or both, in the Sta Im familiar with, and accept the obt	ite of Florida. Such change was ligations of, Section 607,0505. Fi	authorized by the corpora orida Starutes.	tion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	•	•			
SIGNATURE	Signature, typed or printed name of registered	agent and fitte if applicable (NO)	E Registere i Agent signature requi		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	D	☐ DELETE	1.1 TIFLE		Change Addition
NAME	SANDS, JANICE R		1.2 NAME		
STREET ADDRESS	8240 SW 150 DR.		1.3 STREET ADDRESS		5
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		33158
INTE		DELETE	2.1 TCLE		Change Addition
NAME			2.2 N/ME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 C·TY - ST - ZIP		
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP		<u>.</u>	3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 City-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			52 NAVIE		İ
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STHEET ADDRESS		
am, at an					

64 CITY-ST-ZIP

1 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SANATURE AND THE ON PRINTED NAME OF SIGNING OFFICER OF DIRECTOR SANDS

4/30/98 305-278-0006 Date: Deptime Phone # 0223510

FILED

May 18 1998 8:00am

Secretary of State