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PROFIT
CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 17 1997 8:00am
Secretary of State

DOCUMENT # V39329   **(0)**

1. Corporation Name

M.A.K.S. PETRO, INC.

Principal Place of Business

1203 SO US HIGHWAY ONE
FT. PIERCE FL 33450

Mailing Address

1203 SOUTH U.S. HWY ONE
FT.PIERCE FL 34950-5133
US

3. Date Incorporated or Qualified **05/26/1992**	3a. Date of Last Report **04/16/1996**

2. Principal Place of Business 701 BELVEDERE RD. W. PALM BEACH, FL 33405	2a. Mailing Address **P.O. BOX 6507** **WEST PALM BEACH, FL 33405-0507**
21	26
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip	25 Country	29 Zip	30 Country

4. FEI Number **65-0341154** — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

ST. CLAIR, JAMES W.
701 BELVEDERE ROAD
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
_____
Signature typed or printed name of registered agent and title if applicable   (NOTE: Registered Agent's signature required when reinstating)   DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **PSD**	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **ST. CLAIR, JAMES W.**		1.2 NAME	
STREET ADDRESS **701 BELVEDERE ROAD**		1.3 STREET ADDRESS	
CITY-ST-ZIP **W. PALM BEACH FL**		1.4 CITY-ST-ZIP	
TITLE **VTD**	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **SHUBA, STANLEY J.**		2.2 NAME	
STREET ADDRESS **18901 NORTH OSPREY WAY**		2.3 STREET ADDRESS	
CITY-ST-ZIP **JUPITER FL**		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #