

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **V54041** (1)

1. Corporation Name

**LUBRICLAVE, INC.**



Principal Place of Business

Mailing Address

**2190 SE 17 ST  
SUITE 210  
FT LAUDERDALE FL 33316**

**2190 SE 17 ST  
SUITE 210  
FT LAUDERDALE FL 33316**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**DIXON, MERVYN J.  
2190 SE 17 ST  
SUITE 210  
FT LAUDERDALE FL 33316**

3. Date Incorporated or Qualified

**07/29/1992**

3a. Date of Last Report

**05/10/1995**

4. FEI Number

**65-0350271**

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

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 type for printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when filing this report.)

DATE

12. OFFICERS AND DIRECTORS

|                 |                          |                                 |
|-----------------|--------------------------|---------------------------------|
| TITLE           | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>DIXON, MERVYN J.</b>  |                                 |
| STREET ADDRESS  | <b>1375 SE 11 ST</b>     |                                 |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>  |                                 |
| TITLE           | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>DIXON, ELEANOR</b>    |                                 |
| STREET ADDRESS  | <b>1375 SE 11 ST</b>     |                                 |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>  |                                 |
| TITLE           | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>FORUM, RICHARD B.</b> |                                 |
| STREET ADDRESS  | <b>1727 SE 8 ST</b>      |                                 |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>  |                                 |
| TITLE           | <b>D</b>                 | <input type="checkbox"/> DELETE |
| NAME            | <b>FORUM, PATRICIA</b>   |                                 |
| STREET ADDRESS  | <b>1727 SE 8 ST</b>      |                                 |
| CITY - ST - ZIP | <b>FT LAUDERDALE FL</b>  |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |
| TITLE           |                          | <input type="checkbox"/> DELETE |
| NAME            |                          |                                 |
| STREET ADDRESS  |                          |                                 |
| CITY - ST - ZIP |                          |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 1.2 NAME            |                                                                              |
| 1.3 STREET ADDRESS  |                                                                              |
| 1.4 CITY - ST - ZIP |                                                                              |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                                                              |
| 2.3 STREET ADDRESS  |                                                                              |
| 2.4 CITY - ST - ZIP |                                                                              |
| 3.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |                                                                              |
| 3.3 STREET ADDRESS  | <b>1109 S.E. 8<sup>th</sup> St.</b>                                          |
| 3.4 CITY - ST - ZIP |                                                                              |
| 4.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                              |
| 4.3 STREET ADDRESS  | <b>1109 S.E. 8<sup>th</sup> St.</b>                                          |
| 4.4 CITY - ST - ZIP |                                                                              |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                                                              |
| 5.3 STREET ADDRESS  |                                                                              |
| 5.4 CITY - ST - ZIP |                                                                              |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                                                              |
| 6.3 STREET ADDRESS  |                                                                              |
| 6.4 CITY - ST - ZIP |                                                                              |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, 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

*Richard B Forum*

**31 July 96 (954) 523 5465**

CR2E034 (3/96)