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
DOCUMENT # V

Principal Place of Business

V65158

(0)

COMMERCIAL TEXACO, INC.

Mailing Address

FILED Feb 03 1998 8:00am Secretary of State



2401 W. CO TAMARAC F	MMERCIAL BLVD. L 33309	P.O. BOX 810954 BOCA RATON FL 33481					
US		U\$			DO NOT WRITE IN 1HIS	SPACE	
					3. Date Incorporated or Qualified		
9 Principal (Piace of Business	2s. Mailing Address			09/18/1992		
<u> </u>	nace of business	├ 1			4. FEI Number	—	pplied For
21 Suita Apt	# etc	Suite, Apt. #, etc.			65-0361545		ot Applicable
22 P.O. City & Sta	190x 470107	27 Ao. Box 9 City & State	7610	· ጎ	5. Certificate of Status Desired	Fee R	Additional equired
	DUT CHECK FL.		cpt	计形	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip 22/	Country	72004	Count	ry	8. This corporation owes or has paid the cu		'
24 33077 25 29 33077 30 Personal Property Tax due June 30. Args \ No							
8, Name and Address of Current Registered Agent NAMONICE METH LEGO. 81					10. Name and Address of New Registered	Agent	
KANOUSE, KEITH J. ESQ				1 Name			ŀ
2424 N FEDERAL HWY, SUITE 353			8	2 Street	Address (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33431			8	3			
			6	1 1	FL	. `	Code
11. Pursuant to the provisions of Soctions 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 preted nace of registered agent and take diagraicable (NOTE: Registered Agent signature required when reinstating) DATE DATE							
12.	OFFICERS AND		13.	Sent eignaturo	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	9S INI 12
TITLE	PSD	DELETE	1.1 TITLE		ADDITIONATO IANALO TO OTTICENO ANE	Change	Addition
NAME	COHEN, JEFFERY A		1.2 NAME			, –	14
STREET AODRESS	2401 W. COMMERCIAL BLVD.			T ADDRESS	20. ROX 970107	ν	113
CITY-ST-ZIP	TAMARAC FL		1.4 CITY-		COLONUT CAPPE FL. 33	グラク '	
TITLE	VI	DELETE	2.1 TITLE	31-21	PO. BOX 970107 COCOPUT CATER FL. 33	Change	Addition
NAME	FERNANDEZ, SERGIO		2.2 NAME	1			
STREET ADDRESS	2401 W. COMMERCIAL BLVD.			T ADDRESS	00. AOX 970107		NA
CITY-ST-ZIP	TAMARAC FL		2. 4 CITY		COCONT CREEK FL. 3	33097	1/1/
TITLE		DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME			•	_
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY	ST-ZIP			
TITLE		DELETE	4.1 TITLE			Change	☐ Addition
NAME			4. 2 NAMI				
STREET ADDRESS			4 3 STREE	T ADDRESS			
CITY-ST-ZIP			4 4 CITY-	ST-71P			
TITLE	-	☐ DELETE	5.1 TITLE			Change	Addition
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			1
CITY-ST-ZIP			5.4 CITY -	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			Change	Addition
NAME			6.2 NAME				1
STREET ADDRESS			6.3 STREE	T ADDRESS			1
CITY-ST-ZIP			6.4 CITY -				
14. I hereby certify that the information supulied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statules. I further certify that the information indicated on this 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 exocute 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 address.							