

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90056 006 ***158.75

DOCUMENT # V65158

1. Corporation Name

COMMERCIAL TEXACO, INC.

Principal Place of Business

2401 W. COMMERCIAL BLVD.
P.O. BOX 970107
COCONUT CREEK FL 33097
US

Mailing Address

P.O. BOX 970107
COCONUT CREEK FL 33097
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/18/1992

4. FEI Number

65-0361545

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 owes the current year Intangible
Personal Property Tax.

Yes

No

2. Principal Place of Business

21 COMMERCIAL TEXACO

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 P.O. Box 970107

Suite, Apt. #, etc.

27 City & State

23 COCONUT CREEK FL.

City & State

28 Zip

Zip

24 33097

Country

Zip

25 33097

Country

30

9. Name and Address of Current Registered Agent

KANOUSE, KEITH J. ESQ
2424 N FEDERAL HWY, SUITE 353
BOCA RATON FL 33431

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 signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE PSD ☐ DELETE

NAME COHEN, JEFFERY A
STREET ADDRESS P.O. BOX 970107 N/A
CITY-ST-ZIP COCONUT CREEK FL 33097

TITLE VT ☐ DELETE

NAME FERNANDEZ, SERGIO
STREET ADDRESS P.O. BOX 970107
CITY-ST-ZIP COCONUT CREEK FL 33097

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

JEFFERY A COHEN

Date

Daytime Phone #

2/11/99

954 941-6377

954 941-6377

CR2E034 (1/98)