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US04631

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **G16370**

1. Corporation Name
NORJAC OIL AND GAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 616 BOCA MARINA CT
 2583 NW 19TH ST.
 BOCA RATON FL 33487
 US

Mailing Address
 616 BOCA MARINA CT
 BOCA RATON FL 33487
 US

3. Date Incorporated or Qualified
12/09/1982

4. FEI Number
59-2251996

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 **2525 Barcelona Drive**

2a. Mailing Address
 26 **2525 Barcelona Drive**

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State
Ft. Lauderdale, FL

28 City & State
Ft. Lauderdale, FL

24 Zip **33301** 25 Country **Broward** 29 Zip **33301** 30 Country **Broward**

9. Name and Address of Current Registered Agent

JACKSON, NORM
616 BOCA MARINA CT
BOCA RATON FL 33487

10. Name and Address of New Registered Agent

81 Name **Norm Jackson**

82 Street Address (P.O. Box Number is Not Acceptable)
2525 Barcelona Drive

83

84 City **Ft. Lauderdale** FL 85 Zip Code **33301**

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 *Norm Jackson* **Norm Jackson** 1/21/99
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	<input type="checkbox"/> DELETE
NAME	ST JACKSON, REBECCA L
STREET ADDRESS	12880 N BAYSHORE DR
CITY-ST-ZIP	N MIAMI FL 33181
TITLE	<input type="checkbox"/> DELETE
NAME	PD JACKSON, NORM
STREET ADDRESS	616 BOCA MARINA CT
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD Jackson, Norm
2.3 STREET ADDRESS	2525 Barcelona Drive
2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33301
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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 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: *Norm Jackson* **Norm Jackson** 1/21/99 (954) 779-3192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)