

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000067528 (7)

1. Corporation Name
CONCEPT PETROLEUM, INC.



Principal Place of Business
**224 DATURA STREET
SUITE 814
WEST PALM BEACH FL 33401**

Mailing Address
**224 DATURA STREET
SUITE 814
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified **09/12/1994** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business

21	4606 F.M. 1960 West	2a. Mailing Address	4606 F.M. 1960 West
22	SUITE 400	27	SUITE 400
23	HOUSTON, TX	28	HOUSTON, TX
24	Zip 77069	29	Zip 77069
25	Country USA	30	Country USA

4. FEI Number **65-0523752** 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
**GREER, GARY A
224 DATURA STREET
SUITE 814
WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81	Name	GARY R. KRIELOW, C.P.A.
82	Street Address (P.O. Box Number is Not Acceptable)	2700 PGA BOULEVARD, SUITE 203
83		
84	City	PALM BEACH GARDENS FL
85	Zip Code	33410

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Gary A. Greer* DATE: **4-11-96**

12. OFFICERS AND DIRECTORS

TITLE	PTSD	<input type="checkbox"/> DELETE
NAME	GREER, GARY A	
STREET ADDRESS	224 DATURA STREET STE 814	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STARR, FRANK F	
STREET ADDRESS	204 TIMBERLAKE WAY	
CITY-ST-ZIP	SOUTHLAKE TX 76092	
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	PTSD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GREER, GARY A.	
1.3 STREET ADDRESS	4606 FM 1960 WEST, SUITE 400	
1.4 CITY-ST-ZIP	HOUSTON, TX 77069	
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 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Gary A. Greer* DATE: **4/10/96** DAYTIME PHONE #: **(713) 397-0035**

CR2E034 (12/95)