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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000032574 (2)

1. Corporation Name

1291 MARGATE PETROLEUM CORP.



Principal Place of Business

1291 STATE RD 7
MARGATE FL

Mailing Address

1291 STATE RD 7
MARGATE FL

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~GRIFF, ALEX N~~
~~5970 SW 18 ST~~
~~SUITE 226~~
~~BOCA RATON FL 33433~~

81 Name

Glenn R. Mee

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

517 SW First Ave

83

84 City

Fort 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

(Type, print or printed name of registered agent in this space.)

(Type, print or printed name of registered agent in this space.)

DATE

Glenn R. Mee

5/24/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME SKATOFF, LINDA
STREET ADDRESS 1420 SHERIDAN RD
CITY-STATE-ZIP WILMETTE IL 60091

TITLE
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STREET ADDRESS
CITY-STATE-ZIP

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NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE President, Secretary
2. NAME James M. Skatoff
3. STREET ADDRESS 2921 NW 28 Terr
4. CITY-STATE-ZIP Boca Raton, FL 33434

2. TITLE
2. NAME
2.3 STREET ADDRESS
2.4 CITY-STATE-ZIP

3. TITLE
3. NAME
3.3 STREET ADDRESS
3.4 CITY-STATE-ZIP

4. TITLE
4. NAME
4.3 STREET ADDRESS
4.4 CITY-STATE-ZIP

5. TITLE
5. NAME
5.3 STREET ADDRESS
5.4 CITY-STATE-ZIP

6. TITLE
6. NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-ZIP

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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: (X)

James M. Skatoff

James M. Skatoff 5/24/96

(407) 482-1649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

TELEPHONE NUMBER

CR2E034 (12/95)