

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
95 JUL 19 AM 10:50  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # **V54306** (8)  
1. Corporation Name  
**PRIZM PETROLEUM, INC.**

Principal Place of Business Mailing Address  
**2661 NORTHWEST 4TH STREET--  
SUITE 2  
FORT LAUDERDALE FL 33311-8624  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/27/1992** 3a. Date of Last Report **07/29/1994**

4. FEI Number **65-0349891** 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

2. Principal Place of Business 2a. Mailing Address  
21 **321 N 72<sup>ND</sup> TERR** 26 **321 N 72<sup>ND</sup> TERR**  
City & State 27  
23 **Hollywood, Florida** 28 **Hollywood, Florida**  
Zip Country 29 **33024** 30 **US**

9. Name and Address of Current Registered Agent  
**CATER III, JAMES S.  
2661 NORTHWEST 4TH STREET  
SUITE 2  
FORT LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **321 N 72<sup>ND</sup> TERRACE**  
83  
84 City **Hollywood** FL 85 Zip Code **33024**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PTD</b>
NAME	<b>CARTER, JAMES S</b>
STREET ADDRESS	<b>2661 NORTHWEST 4TH STREET, SUITE 2</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>VSD</b>
NAME	<b>ROSS, JAMES</b>
STREET ADDRESS	<b>2661 NORTHWEST 4TH STREET, SUITE 2</b>
CITY - ST - ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<b>D</b>
NAME	<b>GERMINI BIN ABDULLAH</b>
STREET ADDRESS	<b>321 N. 72ND TERRACE</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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	<b>321 N 72<sup>ND</sup> TERRACE</b>
1.4 CITY - ST - ZIP	<b>Hollywood, Florida 33024</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>CARTER, JAMES</b>
2.3 STREET ADDRESS	<b>321 N 72<sup>ND</sup> TERRACE</b>
2.4 CITY - ST - ZIP	<b>Hollywood, Florida 33024</b>
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)(b), Florida Statutes. I further certify that the information indicated on this annual report or biennial 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 trustee 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: *James S. Carter* 7.12.95 (305) 961-9243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date System Fee #