

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

FILED  
Jan 20 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 455665 (0)			
1. Corporation Name SUNSET OIL COMPANY			
Principal Place of Business 9701 SW 72 ST MIAMI FL 33173		Mailing Address 9701 SW 72 ST MIAMI FL 33173	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PRESMORE, ROBERT N 9701 SW 72 ST MIAMI FL 33173		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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 _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.1 NAME
NAME	STREET ADDRESS	1.2 NAME	1.2 STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	1.3 STREET ADDRESS	1.3 CITY - ST - ZIP
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.1 NAME
NAME	STREET ADDRESS	2.2 NAME	2.2 STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	2.3 STREET ADDRESS	2.3 CITY - ST - ZIP
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.1 NAME
NAME	STREET ADDRESS	3.2 NAME	3.2 STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	3.3 STREET ADDRESS	3.3 CITY - ST - ZIP
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.1 NAME
NAME	STREET ADDRESS	4.2 NAME	4.2 STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	4.3 CITY - ST - ZIP
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.1 NAME
NAME	STREET ADDRESS	5.2 NAME	5.2 STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	5.3 STREET ADDRESS	5.3 CITY - ST - ZIP
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.1 NAME
NAME	STREET ADDRESS	6.2 NAME	6.2 STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	6.3 CITY - ST - ZIP
CITY - ST - ZIP		6.4 CITY - ST - ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/29/1974	
4. FEI Number 59-1557881	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 or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	NAME	2.1 TITLE	2.1 NAME
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STREET ADDRESS	CITY - ST - ZIP	2.3 STREET ADDRESS	2.3 CITY - ST - ZIP
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TITLE	NAME	4.1 TITLE	4.1 NAME
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STREET ADDRESS	CITY - ST - ZIP	4.3 STREET ADDRESS	4.3 CITY - ST - ZIP
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TITLE	NAME	5.1 TITLE	5.1 NAME
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CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.1 NAME
NAME	STREET ADDRESS	6.2 NAME	6.2 STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP	6.3 STREET ADDRESS	6.3 CITY - ST - ZIP
CITY - ST - ZIP		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)(b), 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:

Robert N. Passmore

Robert N. Passmore

305 271-1123

CR2E034 (10/97)