

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 834218 (0)

1. Corporation Name

NORTH CENTRAL OIL CORPORATION



Principal Place of Business

**6001 SAVOY, SUITE 600
HOUSTON TX 77036**

Mailing Address

**6001 SAVOY, SUITE 600
HOUSTON TX 77036**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified

04/22/1975

3a. Date of Last Report

05/01/1995

4. FEI Number

74-1241408

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

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

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 ☐ DELETE
NAME **CB KERLIN, GILBERT**
STREET ADDRESS **599 LEXINGTON AVE. #1104**
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ DELETE
NAME **PD WINNE, JAMES A**
STREET ADDRESS **6001 SAVOY, SUITE 600**
CITY-ST-ZIP **HOUSTON TE**

TITLE ☐ DELETE
NAME **VD BECCI, MICHAEL**
STREET ADDRESS **6001 SAVOY, SUITE 600**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME **VS MCMILLIAN, ROD**
STREET ADDRESS **6001 SAVOY, SUITE 600**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME **V HEARN, PETER**
STREET ADDRESS **6001 SAVOY, STE 600**
CITY-ST-ZIP **HOUSTON TX**

TITLE ☐ DELETE
NAME **V COLON, MICHAEL**
STREET ADDRESS **6001 SAVOY SUITE 600**
CITY-ST-ZIP **HOUSTON TE**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Michael Becci

MICHAEL BECCI

4-29-96

(713) 974-4600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)