

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F94000005694 (4)**

1. Corporation Name

E.T. PETROLEUM, INC.



Principal Place of Business

Mailing Address

**645 5TH AVE
NEW YORK NY 10022**

**645 5TH AVE
NEW YORK NY 10022**

2. Principal Place of Business

2a. Mailing Address

21 **140 EAST 45TH STREET**

26 **140 EAST 45TH STREET**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **34TH FLOOR**

27 **34TH FLOOR**

City & State

City & State

23 **NEW YORK NY**

28 **NEW YORK NY**

Zip

Zip

Country

Country

24 **10017**

25 **USA**

29 **10017**

30 **USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
SUITE 105
TALLAHASSEE FL 32301**

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 type: I or printed name of registered agent and true if applicable

(NOTE: Registered Agent's signature required when reinstating)

6/21/96

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CP** ☐ DELETE
NAME **TRABULSI, E.M.**
STREET ADDRESS **418 E. 59TH ST**
CITY-ST-ZIP **NEW YORK NY 10022**

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

TITLE **VTD** ☐ DELETE
NAME **BROWN, W.H. III**
STREET ADDRESS **878 CARROLL ST**
CITY-ST-ZIP **BROOKLYN NY 11215**

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

TITLE **D** ☒ DELETE
NAME **INGRASSIA, J.P.**
STREET ADDRESS **182 WHITEHALL BLVD**
CITY-ST-ZIP **GARDEN CITY NY 11530**

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

TITLE **SD** ☐ DELETE
NAME **GOODWILLIE, E.W.**
STREET ADDRESS **1155 AVE. OF THE AMERICAS**
CITY-ST-ZIP **NEW YORK NY 10036-2787**

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE:

William H. Brown

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/21/96 (212) 986-9696

CR2E034 (3/96)