

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

FILED

May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000004285 (0)

1. Corporation Name

WARREN PETROLEUM G.P., INC.



Principal Place of Business 13430 N.W. FREEWAY SUITE 1200 HOUSTON TX 77040	Mailing Address 13430 N.W. FREEWAY SUITE 1200 HOUSTON TX 77040
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2. Principal Place of Business 21 1000 LOUISIANA Suite, Apt. #, etc. 22 SUITE 5800 City & State 23 HOUSTON, TX Zip 24 77002-5050		2a. Mailing Address 26 1000 LOUISIANA Suite, Apt. #, etc. 27 SUITE 5800 City & State 28 HOUSTON, TX Zip 29 77002-5050		3. Date Incorporated or Qualified 08/21/1996		3a. Date of Last Report	
				4. FEI Number 76-0507886		Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FURBACHER, STEPHEN A	1.2 NAME	
STREET ADDRESS	13430 N.W. FREEWAY, STE 1200	1.3 STREET ADDRESS	1000 LOUISIANA, SUITE 5800
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	77002-5050
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERGSTROM SR, STEPHEN W	2.2 NAME	
STREET ADDRESS	13430 N.W. FREEWAY, STE 1200	2.3 STREET ADDRESS	1000 LOUISIANA, SUITE 5800
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	77002-5050
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALBER SR, H K	3.2 NAME	
STREET ADDRESS	13430 N.W. FREEWAY, STE 1200	3.3 STREET ADDRESS	1000 LOUISIANA, SUITE 5800
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	77002-5050
TITLE	VSD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDOLPH SR, KENNETH E	4.2 NAME	
STREET ADDRESS	13430 N.W. FREEWAY, STE 1200	4.3 STREET ADDRESS	1000 LOUISIANA, SUITE 5800
CITY-ST-ZIP	HOUSTON TX	4.4 CITY-ST-ZIP	77002-5050
TITLE	VT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOTY JR, ROBERT D	5.2 NAME	
STREET ADDRESS	13430 N.W. FREEWAY, STE 1200	5.3 STREET ADDRESS	1000 LOUISIANA, SUITE 5800
CITY-ST-ZIP	HOUSTON TX	5.4 CITY-ST-ZIP	77002-5050
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWMAN, CHARLES H	6.2 NAME	
STREET ADDRESS	13430 N.W. FREEWAY, STE 1200	6.3 STREET ADDRESS	1000 LOUISIANA, SUITE 5800
CITY-ST-ZIP	HOUSTON TX	6.4 CITY-ST-ZIP	77002-5050

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97 (713) 507-3695
Date Daytime Phone #

0628126

CP2E034 (9/96)