

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

FILED  
Feb 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005921 (9)**

1. Corporation Name  
**FERRAN INDUSTRIES INC.**

Principal Place of Business

Mailing Address

**PO BOX 275  
CLAREMORE OK 74017**

**PO BOX 275  
CLAREMORE OK 74018-0275**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/13/1996</b>	3a. Date of Last Report
21		26		4. FEI Number <b>73-1501261</b>	Applied For <input type="checkbox"/> Not Applicable
Suite Apt # etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

**HOFFMANN, NICHOLAS  
301 LAKEVIEW DR.  
OSTEEN FL 32764-8523**

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	<b>PDC</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFMANN, NICK JR</b>	
STREET ADDRESS	<b>6730 E. 91ST ST., #2</b>	
CITY-ST-ZIP	<b>TULSA OK 74133</b>	
TITLE	<b>STDC</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFMANN, NICHOLAS SR</b>	
STREET ADDRESS	<b>3022 CLOVER CREEK DR.</b>	
CITY-ST-ZIP	<b>CLAREMORE OK 74017</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFMANN, MIKE</b>	
STREET ADDRESS	<b>8001 E. MADISON AVE.</b>	
CITY-ST-ZIP	<b>BROKEN ARROW OK 74014</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>HOFFMANN, ROBERT</b>	
STREET ADDRESS	<b>2527 ALAFAYA TRAIL #50</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32826</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 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: Nicholas Hoffmann Sr **RECORDED** HOFFMANN SR 2/12/97 918-342-0063  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)