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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

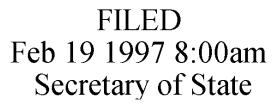
1997

DOCUMENT # F9600006267 (6)

OIL SPILL CONSULTANTS, INC.

Principal Place of Business

Mailing Address





209 E. 51ST A ANCHORAGE /		209 E. 51ST AVENUE ANCHORAGE AK 99503-72	209 E. 51ST AVENUE ANCHORAGE AK 99503-7207							
						3. Date Incorporated 12/03/1996	or Qualified	3a. Da	ite of Las N/	st Report 'A
	Place of Business	2a. Mailing Address	Address			4. FEI Number		Applied For		
21		26				92-014	8366			Not Applicab
Suite, Apr	Suite, Apt. #, etc.				5. Certificate of Statu	s Desired	X	\$8.75 Additional Fee Required		
City & Sta	ate	City & State	28			6. Election Campaign Financing Trust Fund Contribution Added to Fees				
Zip 24	Country Zip Co 25 29 30				····	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Cu	rrent Registered Agent				10. Name and Addres	of New Res	listered .	Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				B1	Name					
				B2 B3	Street Add	ddress (P.O. Box Number is Not Acceptable)				
			L		<u> </u>					
				B4	City			FL	85 Z	Zip Code
agent. I SIGNATURE	registered agent, or both, in the S am familiar with, and accept the o	bligations of, Section 607.0505, F	lorida Statu	tes		ulred when reinstating)	nerecy accep	DAYE	OIII(III)	as registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANG	SES TO OFFIC	FRS AND	DIRECT	TORS IN 12
TITLE	PCTD	DELETE	1.1 TITE	.E		Vice Presi		<u> </u>	Chan	
NAME	EASLEY, RANDY E		1.2 NAN	νŧΕ	1	Faye T. Ea	sley			
STREET AUDRESS	209 E 51ST AVENUE		1.3 STR	EET	ADDRESS	209 E. 51s	t Avenue	∋		
CITY - ST - ZIP	ANCHORAGE AK		1.4 C/TY	Y-ST	r-2iP	Anchorage,	Alaska	995	03	
TITLE	\$	☐ DELETE	2.1 TH	E					☐ Chan	ge 🔲 Additio
NAME	DILLON, THOMAS M		2.2 NAA	ΝE						
STREET ADDRESS	1277 12201221 21212		2.3 STR	EET	address		•			
CITY-ST-ZIP	ANCHORAGE AK	DELETY.	2. 4 CIT		T-ZIP				110	an The Adapti
THE		☐ ĎETELE	3,1 7176					5774	☐ Chan	ge 🔲 Additio
NAME STREET ADDRESS	,		3.2 NAA		ADDRESS					
CITY-ST-ZIF			3.4. CIT		1					
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STREET ADDRESS	5		4.3 STR	REET.	ADDRESS					
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TITLE		☐ DELETE	5.1 TITE	.£	.]				Chan	ge Additio
NAME			5.2 NAM	ΜE						
STREET ADDRESS	5		5.3 STR	EET.	ADDRESS					
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TITLE		☐ DELETE	6 1 TITL						Chan	nge Additi
NAME			6.2 NAA							
STREET ADDRESS	6				ADDRESS					
CITY-ST-ZiP			6.4 CIT	Y - S1	T-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



2-6-97

Daytime Phone * 0011541