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Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90193 036 ***150.00

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PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # H13927

1. Corporation Name

INTERNATIONAL PETROLEUM CORPORATION

Principal Place of Business Mailing Address													
700 S. ROYAL POINCIANA BLVD.			700 S. ROYAL POINCIANA BLVD.				ì						
STE. 800			STE. 800					DO NOT WRITE IN THIS SPACE					
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166)				3. Date Incorporated or Qualifed					
							"	07/20/198					
0.00	f Dual-	1 2-	Mailing Address				- -	I. FEI Number	7		$\overline{}$	Anr	olied For
	ace of Business		Maning Address				1	59-245942) 5		ŀ		Applicable
21		26	Suite, Apt. #, etc.					<u> </u>			€ R		dditional
Suite, Apt. #, etc.			⊢				5	. Certifcate of	Status Desired			ee Rec	
22		27	City & Ctata										<u> </u>
City & State			City & State				16	5. Election Cam				dded to	May Be
23		28	7:-	Col	intry			Trust Fund C					
Zip	Country	\vdash	Zip		artu y	′	8	•	on owes the cur	rent year in	angibie Ye ∐		□No
24	25	29		30	1.		4	Personal Pro	ddress of New	Pagistared			
	9. Name and Address of Curre	ent Kegis	terea Agent		81	Name	31,	. Name and A	duless of New	Negistered	Ageill		
NPA	I SERVICES, INC.				١.,	Hairio							
526 EAST PARK AVENUE						Street /	Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32301													
IALL	ANASSEE FE 32301				83	·							
					84	City					85	Zip C	ode
					ì	1				FL			
office or re	to the provisions of Sections 607.05 agistered agent, or both, in the State in familiar with, and accept the oblig	e of Florid	ia. Such change was	authorize	a bv	тпе сопос	corporation's t	on submits this board of director	statement for the s. I hereby acce	e purpose of opt the appo	changi intment	ing its i as reg	registered jistered
SIGNATURE	Signature, typed or printed name of registered ag	jent and title	if applicable. (NOT	E: Registere	1 Age	nt signature re	equired wher			DATE			
12.	OFFICERS A	ND DIRE		13.			,	ADDITIONS/C	HANGES TO O	FFICERS A			
TITLE	PD		☐ DELETE	1.1 T	ITLE						□ Ch	hange	Addition
NAME	allen, garry			1.2 N	AME		Į.						
STREET ADORESS	105 S. ALEXANDER ST.			1.3 9	TREE	TADDRESS							
CITY+ST-ZIP	PLANT CITY FL			1.4 0	(TY-S	ST-ZIP							
TITLE	VD		☐ DELETE	2.1 T	M.E						□ ct	nange	☐ Addition
NAME	SHIBETTI, FRANK			2.21	AME	ļ	}						
STREET ADDRESS	105 S. ALEXANDER STREET			. 2.3 9	TREE	TADDRESS	_						
CITY-ST-ZIP	PLANT CITY FL		_			ST-ZIP							
TITLE	S		DELETE	3.1 T							CI	hange	☐ Addition
NAME	WHITE, RICHARD		/ \		AME	ľ	\						
	700 S. ROYAL POINCIANA, S	RTF 800	1			TADDRESS							
STREET ADDRESS	MIAMI SPRINGS FL	/1L. 000	•			ST-ZIP		•					
CITY-ST-ZIP	T		☐ DELETE	4.11		31-217					ПС	hange	Addition
TITLE	CHINGREN DVIE		_ Deterie		VAME	.	1				7	•	_
NAME	SHINSKEY, DALE												
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NAME					IAME		+3		2 22 -1	Pain.	nin.	~~	Buch
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NAME .	A STATE OF STATE OF THE STATE O				ME								
STREET ADDRESS				6.3 5	TREE	T ADDRESS	i						

14. I 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 suppliemental annual report is the 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 longer with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP