


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

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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 700 S. ROYAL POINCIANA BLVD. STE. 800 MIAMI SPRINGS FL 33166			Mailing Address 700 S. ROYAL POINCIANA BLVD. STE. 800 MIAMI SPRINGS FL 33166		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/20/1984	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-2459425	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 25		29 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent NRAI SERVICES, INC. 526 EAST PARK AVENUE TALLAHASSEE FL 32301			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	ALLEN, GARRY				
STREET ADDRESS	105 S. ALEXANDER ST.				
CITY-ST-ZIP	PLANT CITY FL				
TITLE	VD	<input type="checkbox"/> DELETE			
NAME	SHIBETTI, FRANK				
STREET ADDRESS	105 S. ALEXANDER STREET				
CITY-ST-ZIP	PLANT CITY FL				
TITLE	S	<input checked="" type="checkbox"/> DELETE			
NAME	WHITE, RICHARD				
STREET ADDRESS	700 S. ROYAL POINCIANA, STE. 800				
CITY-ST-ZIP	MIAMI SPRINGS FL				
TITLE	T	<input type="checkbox"/> DELETE			
NAME	SHINSKEY, DALE				
STREET ADDRESS	105 S. ALEXANDER ST.				
CITY-ST-ZIP	PLANT CITY FL				
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 checked="" type="checkbox"/> Addition			
5.2 NAME		Secretary			
5.3 STREET ADDRESS		Isabel Diaz			
5.4 CITY-ST-ZIP		700 South Royal Poinciana Blvd			
6.1 TITLE		miami springs, FL 33166			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)