FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

J44582

(1)

SKIPPER'S OIL, INC.

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Principal Place of Business Mailing Address 750 NE 7TH AVE. 1601 SW 20TH ST					
P.O. BOX 350363 DANIA FL 33004 US		P.O. BOX 350363 FORT LAUDERDALE (FI 99995		
		TOTAL ENGLES		3. Date Incorporated or Qualified 12/01/1986	3a. Date of Last Report 06/23/1995
2. Principal Pla	ice of Business	2a. Mailing Address 26 PO BOX	350363	4. FET Number 65-0000576	Applied For Not Applicable
Suite, Apt. #	, etc.	Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Culy & State 28 FORT LAU	DERDALE	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	29 33335	Country 30 US	8. This corporation has liability for Florida Statutes	intangible tax under si 199.032, □ No
<u> </u>	9. Name and Address of Currer	nt Registered Agent		10. Name and Address of New R	legistered Agent
			81 Name		
1 E BROWARD BLVD STE 1200			dress (P.O. Box Number is Not Acceptab	ole)	
				,	•
			83		
FT LAUDERDALE FL 33301		84 City		85 Zip Code	
					FL L
or registere familiar witl SIGNATURE	ad agent, or both, in the State of Flori h, and accept the obligations of, Sco Signature typed or proted name of repaties in gar	ida, Such change was authorizi tion 607.0505, Flor da Statutes	ed by the corporation's bo	oration submits this statement for the pur nick of directors. I hereby accept the app	ointment as registered agent. I am
12.	OFFICERS AN	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1 1 THEF		Change Addition
NAME	DENISON, FRANK A., JR. 1601 SW 20TH ST #350363		1.2 NAME		
STREET ADORESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY - ST - ZIP		
THTLE		☐ DELETE	2 1 TILLE		Change Addition
NAME			22 NAME		
STREET ADDRESS			2 3 STHEET ADDRESS		
CITY-ST-ZIP			2.4.0(TY+ST+Z)D		Change Cladding
TITLE		☐ DECETE	3 1 1111.		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		T) DELETE	3.4 C-TY - ST - 21P		Change Addition
		□ occure	4 2 NAME		
NAME STHEET ANDRESS			4.2 NAME 4.3 STHEET ADDRESS		

14. I do hereby certify that the information suppried with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this agenta has both 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 composition or the receiver or trustee engrowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if change it, or or an attachment with an addition.

4.4 CITY - \$1 - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST - ZIP

5 1 1111.6

5.2 NAME

6 1 THE

6.2 NAME

SIGNATURE:

CHY-ST-ZIP

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

DELETE

Change Addition

Addition

☐ Change

CR2E034 (12/95)