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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J76840

(4)

Mailing Address

MORSE PETROLEUM, INC.

Principal Place of Business

FILED
May 06 1997 8:00am
Secretary of State

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3417-F TAMIAMI TRAIL PORT CHARLOTTE FL 33952		3417-F TAMIAMI TRAIL PORT CHARLOTTE FL 33952-8158				
					3. Date Incorporated or Qualified 05/21/1987	3a. Date of Last Report 08/07/1996
	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			65-0015399	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, ctc.			5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certinicate of Status Desired	Fee Required
City & Stat	0	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	<i>Z</i> ip 	Coun	ry	8. This corporation has liability for i	
24	25 9, Name and Address of Curre	[29]	30			Yes No
Made		iii nagistereo Agent		1 Name	10. Name and Address of New Re	gistered Agent
	MEYER, STEPHAN B.			Name		
	7-F TAMIAMI TRAIL		ε	2 Street	Address (P.O. Box Number is Not Acceptab	ilo)
PUR	T CHARLOTTE FL 33952			3		
			•	3		
			8	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	02 aud 607 1508. Elorida Statu	ites the abo	ve-named	corporation submits this statement for the p	
office or r	registered agent, or both, in the State	e of Florida Such change was	authorized	by the cor	poration's board of directors. I hereby accep	of the appointment as registered
	um familiar with, and accept the oblig	jations of, Section 607.0505, F	iorida Statu	es.		
SIGNATURE	Signature typed or printed name of registered ag	ent end title Janobrable (NC)	II : Braistered A	ment signature	e required when reinstating)	DATE
12.	· 	ID DIRECTORS	18.	gon biginion	ADDITIONS/CHANGES TO OFFIC	
TITLE	PT	DELETE	1.1 1111			☐ Change ☐ Addition
NAME	MORSE, FRANK J		1.2 NAV	£		
STREET ADDRESS	4255 TAMIAMI TRAIL		1.3 \$188	ei address		
CITY-ST-ZIP	CHARLOTTE HARBOR FL		1.4 CITY	- ST - 7(P		
TITLE	S	☐ DELET E	2.1 1111			Change Addition
NAME	WRASSE, LARRY		2.2 NAM	Ε		
STREET ADDRESS	4255 TAMIAMI TRAIL		2.3 STRE	E1 ADDRESS		
CITY-ST-ZIP	CHARLOTTE HARBOR FL		2.4 CIT	r-S1-7/P		
TITLE		☐ DELETE	3.1 TITL			Change Addition
NAMĘ			3.2 NAM	£		
STREET ADDRESS			3.3 STRI	ET ADDRESS		
CITY-ST-ZIP			3.4. C(1)	r-S1-ZIP		
TITLE		☐ DELETE	4.1 THE			Change Addition
NAME			4. 2 NAN	1ė		
STREET ADDRESS			4.3 S1R	et address		
CITY-ST-ZIP			4.4 CITY	- S1 - ZIP		
TITLE		☐ DELETE	5.1 701			Change Addition
NAME			5.2 NAV	Ε		
STREET ADDRESS			5.3 STR	ET ADDRESS		
CITY-ST-ZIP				- ST - ZIP		
TITLE		☐ DELETE	6.1 TH L	!		Change Addition
NAME			6.2 NAV	ŧ		
STREET ADDRESS			6.3 STRI	ET ADDRESS		
CITY-ST-ZIP	<u> </u>		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 logal 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 atlachment with an address.

CICALATURE.

L Status Line Franker

-28/97 041.62562