


FILE NOW: FILING FEE IS \$61.25

FILED

Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N44444 (0) 1. Corporation Name MISSION RESOURCES INTERNATIONAL, INC.			
Principal Place of Business 3937 HOLLY DR. PALM BCH GARDENS FL 33410		Mailing Address 3937 HOLLY DR. PALM BCH GARDENS FL 33410-5603	
2. Principal Place of Business 21 3970 RCA Blvd. Suite Apt. #, etc. 22 Ste. 7008 City & State 23 Palm Beach Gardens, FL Zip Country 24 33410 25 U.S.		2a. Mailing Address 26 3970 RCA Blvd. Suite Apt. #, etc. 27 Ste. 7008 City & State 28 Palm Beach Gardens, FL Zip Country 29 33410 30 U.S.	
3. Date Incorporated or Qualified 07/26/1991		3a. Date of Last Report 02/07/1996	
4. FEI Number 65-0329799		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent FOSTER, JOHN FENN 1896 PALM BCH LAKES BLVD. S-219 W PALM BCH. FL 33409		10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	TOBEY, MIKE	1984 JUNO ISLES BLVD. N PALM BCH. FL
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	BALDWIN, CARY	10181 DAHLIA PALM BCH GARDENS FL
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	D	FOSTER, JOHN FENN	16222 127TH DR. N. JUPITER FL
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<input type="checkbox"/> DELETE		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<input type="checkbox"/> DELETE		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
14. I do hereby certify that the information supplied with this filing does not qualify for an 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: <i>Michael T. ...</i> 3/13/97 541-622-5359			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)