


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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P01024 (9)					
1. Corporation Name REB OIL INC.					
Principal Place of Business 728 N. FEDERAL HWY. P.O. BOX 3120 STUART FL 34995			Mailing Address PO BOX 3210 STUART FL 34995 US		



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/24/1984					
4. FEI Number 31-1054976				Applied For <input type="checkbox"/> 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		
9. Name and Address of Current Registered Agent MCCRABY, DANIEL 728 N FEDERAL HWY STUART FL 34994			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MCCRABY, DANIEL			1.2 NAME	LEE, JOHN S		
STREET ADDRESS	728 N FEDERAL HWY			1.3 STREET ADDRESS	728 N Federal Hwy		
CITY-ST-ZIP	STUART FL			1.4 CITY-ST-ZIP	STUART FL 34995		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHUTZ, ROBERT C			2.2 NAME			
STREET ADDRESS	728 N FEDERAL HWY			2.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			2.4 CITY-ST-ZIP			
TITLE	DS	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WINTERSTEEN, JUDY			3.2 NAME			
STREET ADDRESS	728 N FEDERAL HWY			3.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCRABY, DANIEL W.			4.2 NAME			
STREET ADDRESS	728 N FEDERAL HWY			4.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			4.4 CITY-ST-ZIP			
TITLE	DT	<input checked="" type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMAN, JACK			5.2 NAME			
STREET ADDRESS	728 N FEDERAL HWY			5.3 STREET ADDRESS			
CITY-ST-ZIP	STUART FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

Dan McCraby

4-24-98

CR2E034 (10/97)