

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

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90191 024 ***150.00

FROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P27777**

1. Corporation Name
OXY SERVICES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
10889 WILSHIRE BLVD. **P.O. BOX 300**
LOS ANGELES CA 90024 **TULSA OK 74102**
US **US**

3. Date Incorporated or Qualified
01/19/1990

4. FEI Number Applied For
95-2908249 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 City
 84 Zip Code

CERTIFIED MAIL # 039133
DATE MAILED APR 20 1999

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation certifies that the information furnished in 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: _____ (NOT: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	DVPC	<input type="checkbox"/> DELETE
NAME	DOMINICK, S. P JR.	
STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	CDP	<input checked="" type="checkbox"/> DELETE
NAME	LEACH, A. R.	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	PARISE, S P	
STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	DVPT	<input checked="" type="checkbox"/> DELETE
NAME	YEN, DAVID C	
STREET ADDRESS	10889 WILSHIRE BLVD	
CITY-ST-ZIP	LOS ANGELES CA 90024	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GAY, M. T.	
STREET ADDRESS	10889 WILSHIRE BLVD.	
CITY-ST-ZIP	LOS ANGELES CA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	ROSS, DAVID G	
STREET ADDRESS	110 WEST 7TH ST	
CITY-ST-ZIP	TULSA OK	

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	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JOHN W. MORGAN	
2.3 STREET ADDRESS	10889 WILSHIRE BLVD	
2.4 CITY-ST-ZIP	LOS ANGELES CA 90024	
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	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	J. R. HAVERT	
4.3 STREET ADDRESS	10889 WILSHIRE BLVD	
4.4 CITY-ST-ZIP	LOS ANGELES CA 90024	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 on an attachment with an address, with all other like empowered.

SIGNATURE: David G. Ross DAVID G. ROSS 4-19-99 (918/561-3497)

CR2E034 (11/98)