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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90094 009 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000000537**

1. Corporation Name  
**ATLANTIC PETROLEUM CORPORATION**



Principal Place of Business 2701 W. ATLANTIC BLVD. POMPANO BEACH FL 33069-2549	Mailing Address 2701 W. ATLANTIC BLVD. POMPANO BEACH FL 33069-2549
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>2751 W Atlantic Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2751 W. Atlantic Blvd</b> Suite, Apt. #, etc.	4. FEI Number <b>65-0372242</b>	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 <b>POMPANO BCH FL</b> City & State	28 <b>POMPANO BCH FL</b> City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 <b>33069</b> Zip <b>USA</b> Country	29 <b>33069</b> Zip <b>USA</b> Country	30	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**WALDMAN, JAMES W**  
**440 S ANDREWS AVE**  
**FT. LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2751 W Atlantic Blvd**  
83  
84 **POMPANO BCH** City  
**FL** State  
85 **33069** 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 *James W. Waldman* **JAMES W. WALDMAN** DATE **3-29-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE  DELETE  
**PTSD**  
 NAME **WALDMAN, JAMES W**  
 STREET ADDRESS **440 S ANDREWS AVE**  
 CITY-ST-ZIP **FT LAUDERDALE FL**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS **2751 W Atlantic Blvd.**  
 1.4 CITY-ST-ZIP **POMPANO BCH FL 33069**

2.1 TITLE  Change  Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY-ST-ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE  Change  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 *James W. Waldman* **JAMES W. WALDMAN** DATE **3-29-99** DAYTIME PHONE # **954-975-7374**

Signature and typed or printed name of signing officer or director. Date Daytime Phone #

CR2E034 (4-1-98)