

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

00449

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90126 008 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000025912			
1. Corporation Name AMINOIL, INC.			
Principal Place of Business 247 E 20TH ST PO BOX 41285 JACKSONVILLE FL 32203 US		Mailing Address 247 E 20TH ST PO BOX 41285 JACKSONVILLE FL 32203 US	
2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent AMIN, KIRAN 12482 TURNBERRY DRIVE JACKSONVILLE FL 32225		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME AMIN, KIRAN STREET ADDRESS PO BOX 41285 (N/A) CITY-ST-ZIP JACKSONVILLE FL 32203		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE S NAME AMIN, SHRIKESHI STREET ADDRESS PO BOX 41285 (N/A) CITY-ST-ZIP JACKSONVILLE FL 32203		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1993	
4. FEI Number 59-3173555	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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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: [Signature] PRESIDENT T. 3/16/99 904-646-4356  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)