


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

FILED

Mar 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>P93000082585 (9)</b>			
1. Corporation Name <b>TWIN MAC OIL, INC.</b>			
Principal Place of Business <b>7901 WEST BROWARD BLVD. PLANTATION FL 33324</b>		Mailing Address <b>7901 WEST BROWARD BLVD. PLANTATION FL 33324-2007</b>	
2. Principal Place of Business		3. Date Incorporated or Qualified <b>12/01/1993</b>	
21. Suite, Apt. #, etc.		3a. Date of Last Report <b>02/27/1996</b>	
22. City & State		4. FEI Number <b>65-0460614</b>	
23. Zip		Applied For <input type="checkbox"/> Not Applicable	
24. Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
26. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
27. Country		8. Name and Address of Current Registered Agent	
28. Country		9. Name and Address of New Registered Agent	
29. Country		81. Name	
30. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
31. Country		83.	
32. Country		84. City	
33. Country		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
14. I do 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.			



CR2E034 (9/96)

SIGNATURE:

*John Rudolph*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0284789