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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 07 1997 8:00am

Secretary of State

954-473-8259

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082593 (3)

M.G. OIL, INC.

SIGNATURE:

Principal Place of Business Mailing Address					 		MALDI 1441E 11001 MILLO 16	III IA III
7901 WEST BROWARD BLVD. 7901 WEST BROWARD PLANTATION FL 33324								
						3. Date Incorporated or Qualified 12/01/1993	3a. Date of Last 02/27/1996	
2. Principal Pl	ace of Business	2a. Mailing Address	Mailing Address			4. FEI Number		Applied For
21		26				65+0460617		Not Applicable
Suite, Apt a	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	7	Additional
2						<u> </u>		Required
	?	28				6. Election Campaign Financing Trust Fund Contribution		O May Be d to Fees
23] Ζφ	Country		Zip Country					
24	25	30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	pistered Agent	
	JM, THOMAS PR		:	81	Name	:		
	E LAS OLAS BOULEVARD #180	0		82	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
FORT LAUDERDALE FL 33301							· ·	
				83		•		
				84	City	·	65 Zij	p Code
11 Chan and	the read again of Captions 507 050	and CO7 1EO0. Clasida Cial	ites the s		nomed core	oration submits this statement for the p	FL B3 2"	ito espioto-od
office or re	egistered agent, or both, in the State.	of Florida, Such change was	s authoriza:	d hv	the corporati	ion's board of directors. I hereby accep	of the appointment a	as registered
agent La ²	m familiar with, and accept the obliga	itions of, Section 607.0505, I	Horida Stat	tutes.	•			
SIGNATURE :	Signating type dior pluded name of register, chages	ot and title if applicable (N6	DIE Benislere	d Aner	ni sionalure require	ed when reinstating)	DATE	
12.	OFFICERS AND		13.		or or granded resident	ADDITIONS/CHANGES TO OFFIC		DRS IN 12
101.6	D	☐ DELETE	1.1 10	TL€		·	Change	Addition
NAME	RUDOLPH, JOHN		1.2 N/	AME				
SIRRET ADDRESS	7901 WEST BROWARD BLVD.		1.3 ST	TREET	ADDRESS			
C(TY+ST+ZIP	PLANTATION FL 33324		1.4 Ci	ITY-ST	- Z)P			
TITLE		☐ DELETE	2.1 19	TL E			Change	Addition
NAME			2.2 N/	AME				
STREET ADDRESS			2.3 ST	TAEET	ADDRESS			
CATY - ST - ZIP		L Driere		ITY-S	T-2)P		- Obere	Litanian
TITLE		☐ DELETE	3.1 1				L Change	Addition
NAVE			3.2 N/		ADDDCCC			
STREET ADDRESS				HTY-\$1	ADDRESS .			
CHY+S1-ZIP TITLE		DELETE	4.1 Ti		1-ZIF	· · · · · · · · · · · · · · · · · · ·	Change	Addition
NAME			4. 2 N					
STREET ADDRESS					ADDRESS			
CHY-S1-ZIP				ITY-ST				
THTLE		DELETE	5.1 10				Change	Addition
NAME			5.2 N	AME	ł			
STREET ADDRESS			5.3 \$1	TREET A	address			
CHY-ST-7IP			5.4 CI	ITY-ST	1.ZiP			
TITLE		DELETE	6.1 17	TLE		:	Change	Addition
NAME			6.2 N/	AME	-			
STREET ADDRESS			6.3 ST	TREET A	ADDRESS			
CITY - ST - 7IP				ITY-\$1				
14. I do hereb information I am an of appears in	ry certify that the information supplied in indicated on this armual report or s ficer or director of the corporation or in Block 12 or Block 12 if changed, or	t with this filling does not qua uppighental annual report is the receiver or trustee emoc on an attachment with an ac	alify for the strue and a swered to a ddress.	exer accui execu	mption stated rate and that ute this report	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	 I further certify the l effect as if made u tatutes; and that my 	at the under oath; that y name