SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000082960

1. Corporation Name
A. T. OIL, INC.

Principal Place of Business | Mailing Address

3. Date Incorporated or Qualified: 12/06/93
3a. Date of Last Report: 05/01/95
4. FEI Number: 65-0451721 — Applied For / Not Applicable
5. Certificate of Status Desired: [X] **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: [ ] Yes [X] No

2. Principal Place of Business
21 836 301 ST BLVD E
Suite, Apt. #, etc.
22
City & State
23 BRADENTON, FL
Zip 24 34203 — Country 25 US

2a. Mailing Address
26 c/o SYMMETY BUS SVCS
Suite, Apt. #, etc.
27 1500 OLD COUNTY ROAD
City & State
28 BELMONT, CA
Zip 29 94002 — Country 30 US

9. Name and Address of Current Registered Agent
BROOKS, ALAN
836 301 ST BLVD E
BRADENTON FL 34203

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 _____ (Signature type or print name of registered agent. Facsimile signature not acceptable) (NOTE: Registered Agent signature required when designating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	President	[ ] DELETE
NAME	BROOKS, ALAN	
STREET ADDRESS	3738 Sawgrass Place	
CITY-ST-ZIP	Santa Rosa, CA 95403	
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		
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		
1.4 CITY-ST-ZIP		
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	600001925528	[ ] Change [ ] Addition
6.2 NAME	-08/19/96--01028--030	
6.3 STREET ADDRESS	***233.75	
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing, is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(h), 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 or on an attachment with an address.

SIGNATURE: Alan Brooks — President — 08/15/96 — (941) 755-4868
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

CR2E034 (3/96)