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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

May 05 1997 8:00am

Secretary of State

D TORRIDON ARE TOLD BUILL BOWN DOIN TOLD CONFIRM DOWN DURING HEALT DEADL CHARLES

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400004965 (7)

GREEN OIL, INC.

Descript Descript Description										
Principal Place of Business Mailing Address										
5911 NW 60TH PARKLAND FL		I NW 60TH AVE RKLAND FL 33087-4407								
							3. Date Incorporated or Qualified 01/21/1994		e of Last R 0/1996	leport
2. Principa F	Place of Business	28.	Mailing Address				4. FEI Number			pplied For
21		26					65-0463870		N _t	ot Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired				
City & State 13			City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Ζιζι	Country	1-51	Zip	Count	ry		8. This corporation has liability for	r intangible t		
4 25		29	29 30				Florida Statutes Yes No			
	g, Name and Address	of Current Regis	tered Agent				10. Name and Address of New F	egistered A	gent	,
RAY	YNOR, GENE S			8	1	Name				
5911 NW 60TH AVE PARKLAND FL 33067					2	Street Addre	ress (P.O. Box Number is Not Acceptable)			
PAI	UNDAND LE 22001			8	3			······································		
				8	4	City			85 Zip	Code
					1		oration submits this statement for the on's board of directors. I hereby acc	<u>FL</u>	î î	
SIGNATURE	Signal are typed or profed earne of	registored agent and little		E Registered A	gen	nt Rignature require	d when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICEDE AND	DIRECTOL	DC IN 12
12. Till(f	PVST	TOEING AND DINE	DELETE	1.1 TITL	 F		ADDITIONS/CHANGES TO OFF		Change	Addition
NAME	RAYNOR, GENE S			1.2 NAM		Í		'		
STREET ADDRESS	MALE 2 MALE AND A 2011					ADDRESS				
CITY ST-ZIP	PARKLAND FL 33067	•		1.4 C(TY		1				
THEF			DELETE	2.1 TITL					Change	Addition
NAME:	1			2.2 NAM	Ε			`		
STREET ADDRESS				2 3 STRE	ET /	ADDRESS				
CHY-S1-ZIP				2. 4 CITY	/- \$1	T- ZIP				
TITLE			DELETE	3.1 TITL				1	Change	Addition
NAME				3.2 NAM	E					
STEEFT ALCORESS				3 3 STRE	ET /	ADDRESS				
CHY SI-HE				3.4 CITY	/-S1	T-ZIP				
THEF			DELETE	4.1 TiTU	E				Change	Addition
NAME				4. 2 NAN	1E					
STREET ADDRESS				4.3 STRE	ET /	address				
City - S1 - ZiP				4.4 CITY	· S1	I-ZIP				
THE			DELETE	5.1 TITLS	E				Change	Addition
NAME				5.2 NAM	Ε					
STREET ADDRESS				53 STRE	ET A	address				
CHY-ST Zif				5.4 CITY	- 51	- ZIP				
TITLE			DELETE	6.1 TITU					Change	Addition
NAME				6.2 NAM	E					
STREET ADDRESS				62010	C7 /	ADDRESS				

6.4 CITY-ST-7IP

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

4/28/97

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

NED NAME OF SIGNING OFFICER OR DIRECTOR

appears in Brock 12 or Block 13 if charged, or on an attachment with an address

SIGNATURE: