

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000040626

1. Corporation Name

HABIB PETROLEUM CORP.

Principal Place of Business

WEST PALM BEACH  
2970 N. MILITARY TRAIL  
WEST PALM BEACH FL 33409  
US

Mailing Address

2970 N. MILITARY TRAIL  
WEST PALM BEACH FL 33409

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

HABIB, MARK  
2970 NORTH MILITARY TRAIL  
WEST PALM BEACH FL 33409

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIB, MARK		1.2 NAME	<i>HABIB, MARK</i>
STREET ADDRESS	18145 S.E. HERITAGE DR.		1.3 STREET ADDRESS	<i>104 Hampton Cir</i>
CITY-ST-ZIP	TEQUESTA FL 33469		1.4 CITY-ST-ZIP	<i>Jupiter, FL 33458</i>
TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIB, MARY H		2.2 NAME	
STREET ADDRESS	18145 S.E. HERITAGE DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469		2.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIB, SELIM		3.2 NAME	
STREET ADDRESS	18145 S.E. HERITAGE DR.		3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HABIB, STELLA		4.2 NAME	
STREET ADDRESS	18145 S.E. HERITAGE DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469		4.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED  
Mar 01, 1999 8:00 am  
Secretary of State

03-01-1999 90200 021 \*\*\*150.00

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CR2E034 (11/98)

2/2/99 561-6830430  
Daytime Phone #