

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P94000086961 (7)

1. Corporation Name

AMERICAN PAN-AFRICAN OIL CO.

Principal Place of Business

2627 BREEZEWIND DRIVE
ORLANDO FL 32839

Mailing Address

2627 BREEZEWIND DRIVE
ORLANDO FL 32839

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/28/1994

4. FEI Number

59-3305895

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

PERRY, JAMES E ESQ.
605 EAST ROBINSON STREET STE. 630
ORLANDO FL 32801

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, 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	CPD	1.1 TITLE	
NAME	BRYAN, THOMAS J JR	1.2 NAME	
STREET ADDRESS	2627 BREEZEWIND DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32839	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	BRYAN, THOMAS J	2.2 NAME	
STREET ADDRESS	2627 BREEZEWIND DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	BRYAN, RACHEL B	3.2 NAME	
STREET ADDRESS	2627 BREEZEWIND DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	VSD	4.1 TITLE	
NAME	BRYAN, THOMAS J 111	4.2 NAME	
STREET ADDRESS	12351 KEATON CIRCLE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	DIXON, FLOYD	5.2 NAME	
STREET ADDRESS	3120 MEANDER CIRCLE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COLORADO SPRINGS CO	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RYAN, JAMES	6.2 NAME	
STREET ADDRESS	114 JUNIPER LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	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.

SIGNATURE:

[Signature]

8/5/98 407-240-5246

CR2E034 (5/98)