

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 # **P95000018334 (9)**

1. Corporation Name
ABLE OIL MELBOURNE, INC.



Principal Place of Business: **2815 CARIBBEAN ISLE BLVD. 516 MELBOURNE FL 32935**
 Mailing Address: **2815 CARIBBEAN ISLE BLVD. 516 MELBOURNE FL 32935**

3. Date Incorporated or Qualified 03/07/1995	3a. Date of Last Report N/A
4. FEI Number 59-3297744	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 1446 BROOK DRIVE	26 P.O. Box #410167
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 Melbourne FLA.	28 Melbourne, Fla.
24 32935-5569	29 32941
25 USA	30 USA

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS ST, 105 TALLAHASSEE FL 32301				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		<input type="checkbox"/> DELETE		11 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				12 NAME	Timothy Harrington		
STREET ADDRESS				13 STREET ADDRESS	344 Rt 46		
CITY-ST-ZIP				14 CITY-ST-ZIP	Rockaway, NJ 07866		
TITLE		<input type="checkbox"/> DELETE		21 TITLE	Vice Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				22 NAME	Sean Harrington		
STREET ADDRESS				23 STREET ADDRESS	1446 Brook Drive		
CITY-ST-ZIP				24 CITY-ST-ZIP	Melbourne, Fla. 32935		
TITLE		<input type="checkbox"/> DELETE		31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				32 NAME			
STREET ADDRESS				33 STREET ADDRESS			
CITY-ST-ZIP				34 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				42 NAME			
STREET ADDRESS				43 STREET ADDRESS			
CITY-ST-ZIP				44 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				52 NAME			
STREET ADDRESS				53 STREET ADDRESS			
CITY-ST-ZIP				54 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 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)(k), 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 617, Florida Statutes, and that my name appears in Block 12 of Block 13 if changed or on an attachment with an address.

SIGNATURE: Sean Harrington 7/30/96
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: 05/15/1996

CR2E034 (3/96)