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

PROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000066398 (5)

A.L. PETROLEUM, INC.	•				
Principal Place of Business Mailing Address				I (MOLIMA) (10 JEIST Brist Matte Mette Anter Bairs Atria	1 BINSO SONO 10101 1811 1001
8900 DAVIS BLVD. 8900 DAVIS BLVD. NAPLES FL 33942				DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
			08/28/1995		
2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For
21 26				65-0609330	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Z ₁ p 3	Country	,	This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
PINTER, MICHAEL R			Name		
4328 CORPORATE SQUARE, STE. C NAPLES FL 33942		82	2 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, it 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 little 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				► Change	

LENNOX, ARTHUR SHEEDSHEAD DE 2155 2201 FOREEST LN 1.3 STREET ADDRESS STREET ADDRESS NAPLES FL 1.4 CITY - ST - ZIP Change Addition DELETE 2.1 TITLE TITLE LENNOX, LORRIE 2.2 NAME SHEEDSHEAD DZ 2155 **2201 FORREST LN** 2.3 STREET ADDRESS STREET ADDRESS NAPLES FL 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

FILED

Apr 30 1998 8:00am

Secretary of State