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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500078926 (9) CARROLLWOOD PETROLEUM INC

Mailing Addr

FILED Jan 20 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 3817 S MANHATTAN AVE 3817 S MANHATTAN AVE **TAMPA FL 33611 TAMPA FL 33611** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1995 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3340278 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zio Zip 8. This corporation owes or has paid the current year intangible 25 Personal Property Tax due June 30. 24 30 29 Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent RAJIV KUMAR. KHURANA, RAMESH K 4418 BAY-COUBT 3817 S. MANHATTAN AVEZ TAM PA FL 33611 83 Street Address (P.O. Box Number is Not Acceptable) TAMPA FL-33611 -Zìp 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 farming with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Rogistered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE TITLE 1.1 TITLE KUMAR, RAJIV 1.2 NAME NAME 3817 S. MANHATTAN AVE. 1.3 STREET ADDRESS STREET ADDRESS TAMPA FL 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE TITLE 2.1 TITLE Change Addition 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE NAME 3,3 STREET ADDRESS STREET ADDRESS CITY - ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4,1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 5.1 TITLE TITE F 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME MALAE 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 accurage 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SINTINE REQUIRED

CR2E034 (10/97)