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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

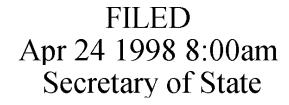
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

P96000053751 (9)

OILFIELDS, INC.



A PROGRAM THE TRAINE BINCE BRICK HOLD FROM

Principal Place	of Business	Mailing Address			a coarred coa con com a com a com a destre de con a destre de coa com a	IIAO II(II JEAGA OIIA) IIOI 1901
8101 SUNRISE LAKES DR. N. 8101 SUNRISE LAKES DR. N.			AKES DR. N.		·	
SUNRISE FL 33322 SUNRISE FL 333			22		DO NOT WRITE IN THIS	S SPACE
					3. Date Incorporated or Qualified 06/24/1996	
2. Principal Pla	ace of Business	2a. Mailing Addr	ess		4. FEI Number	Applied For
		26	<del></del>		65-0680891	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
22     27					6. Election Campaign Financing	\$5.00 May Be
28				Trust Fund Contribution	Added to Fees	
Zip	Country	Z(p	Cour	try	8. This corporation owes or has paid the c	
24	25 29 30		Personal Property Tax due June 30. No			
9, Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent  81 Name		
Carlone, Richard 8101 <b>S</b> unrise Lakes Dr. N. Sunrise Fl 33322			Ivaine			
			Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
3011	INIOC PL 00022			33	311111111111111111111111111111111111111	
				34 City		85 Zip Code
				'	FI FI	L   '
office or re	o the provisions of Sections 607.05 gistered agent, or both, in the Stat n familiar with, and accept the obla	te of Florida. Such chan	ge was authorized	by the corpo	orporation submits this statement for the purpose vation's board of directors. I hereby accept the ap	of changing its registered pointment as registered
_	riamiliar with and accept the obig	ganons or, section 607.	0000, Florida Statt	ws.		
SIGNATURE 5	Signature, typed or printed name of registered u	gent and title it applicable	(NOTE Registered	Agent signature re	equired when reinstating) DATE	
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE	P	□ DE	LETE 1.1 TITI	£		☐ Change ☐ Addition
NAME	CARLONE, RICHARD		1.2 NA	1E		[
STREET ADDRESS	8101 SUNRISE LAKES DR. I	N	1.3 STF	EET AODRESS		
CITY-ST-ZIP	SUNRISE FL 33322		1.4 C/T	r-ST-ZIP		
TITLE		☐ D€	LETE 2.1 TIT	E		Change Addition
NAME			2.2 NAJ	AE		
STREET ADDRESS			2.3 STF	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DE			•	Change Addition
NAME			3.2 NAI	1		
STREET ADDRESS				EET ADDRESS		
CITY-ST-ZIP		□ DE		Y-ST-ZIP		Change Addition
TITLE NAME		DC.				☐ Change ☐ Addition
STREET ADDRESS			4.2 NA 4.3 STR	EET ADDRESS		1
CITY-ST-ZIP			1	-ST-ZIP		
TITLE		☐ DE				Change Addition
NAME		· · ·	5.2 NAM			
STREET ADDRESS				EET ADDRESS		
						Į.
CITY-ST-ZIP						
CITY-ST-ZIP TITLE		DE	5.4 Cit'	r-ST-ZIP		☐ Change ☐ Addition
		DE	5 4 CiT	7-\$1-ZIP E		Change Addition

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 supplier of tall annual report is true and accurate and that by 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 optrustee empowered to execute this feorm as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attaching with an address.