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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #
1. Corporation Name P97000001946 (7)

ULTRA RESOURCES, INC.

FILED Apr 06 1998 8:00am Secretary of State



				Ê 171 (1714) PHA BURH BURH BURH (8 8)
Principal Place of Business	Mailing Address		I NORANDA NIO IDIRI NORM DENTA EDIRI BUNIN BUNIN B	BABA IIWIO RUIAL BABIN BIIR IDER
8488 W HILLSBOROUGH AVE STE 149 B488 W HILLSBOROUGH TAMPA FL 33615 TAMPA FL 33615		AVE STE 148	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
			01/02/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-3418033	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 City & State	City & State			Fee Required
23	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zψ	Country	8. This corporation owes or has paid the o	
24 25		30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent				
ESPOSITO, LUCILLE		81 Name		
8488 W HILLSBOROUGH AVE STE 148		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33615		83		
		84 City	F	85 Zip Code
11. Pursuant to the provisions of Sections 6 office or registered agent, or both, in the agent. I am familiar with, and accept the	i State of Florida, Such chande was at	Lithatizad by tha cornara	poration submits this statement for the purpose lion's board of directors. I hereby accept the a	of phanging its registered
SIGNATURE				
Signature, typed or printed name of regist		Registered Agent signature requi		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AT	ND DIRECTORS IN 12 :
NAME Lucille Lassite)	1.2 NAME		ET CHANGE MANAGEM
STREET ADDRESS SUSK W. Hallsho	mach Au Ste 148	1.3 STREET ADDRESS		
CITY-ST-ZIP Tampa, FL 3	3615	1.4 CITY - ST - ZIP		
TIFLE	DELETE	2.1 TOLF		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETÉ	2 4 CITY-ST-ZIP		
NAME	Deterie	31 THLE		L Change L Addition
STREET ADDRESS		3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	DELETE	4.1 TOLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CHY+ST-ZIP		
TITLE	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	☐ DELETÉ	5.4 C/TY-ST-ZIP		Change
NAME	ן אנננו נ	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-SI-ZIP		6.4 CITY-ST-ZIP		
		9.7 0111 017411		

14. 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.

VIZ 091 1027