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Feb 16 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000030157 (6)

1. Corporation Name

PYRAMID OIL CORP.

Principal Place of Business

Mailing Address

18145 SE HERITAGE DR.
TEQUESTA FL 33463

18145 SE HERITAGE DR.
TEQUESTA FL 33463

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 2900 Okeechobee Blvd

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27 City & State

23 West Palm Beach

28

Zip

Country

Zip

Country

24 33409

25

Palm Beach

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HABIB, MARK S
18145 SE HERITAGE DR.
TEQUESTA FL 33463

81 Name

82 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. 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME D
HABIB, STELLA S
STREET ADDRESS 18145 SE HERITAGE DR.
CITY-ST-ZIP TEQUESTA FL 33463

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
HABIB, MARK S
STREET ADDRESS 18145 SE HERITAGE DR.
CITY-ST-ZIP TEQUESTA FL 33463

1.2 NAME ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
HABIB, MARY-HELEN S
STREET ADDRESS 18145 SE HERITAGE DR.
CITY-ST-ZIP TEQUESTA FL 33463

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME D
YOUNES, SELIM H
STREET ADDRESS 18145 SE HERITAGE DR.
CITY-ST-ZIP TEQUESTA FL 33463

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ 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 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 of the corporation; and that I am not prohibited from executing 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.

SIGNATURE



CR2E034 (10/97)