FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90057 041 ***150.00

Mailing Address



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000084459

1. Corporation Name

Principal Place of Business

SOUTH SHORE OIL CORPORATION

1755 N CONGRESS AVE W PALM BEACH FL 2A US			1755 N CONGRESS AVE W PALM BEACH FL 3340XI US					DO NOT WRITE IN THIS SPACE 3. Date ir corporated or Qualifed 09/30/1997					
2. Principal Place of Business			2a. Mailing Address				4. FEI Nu					lied For	
21			26				65-0	<u>783536</u>				Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required						
City & S at	e		City & State					on Campaign Final Fund Contribution	ncing		.00 N	lay Be Fees	
Zip 24	Coun:	гу	Zip 29	30	Country		·	crporation owes th	e current year In	tangible	s 1	ZNO	
	9. Name and Add	ess of Curren	nt Registered Agent				10. Name	and Address of	New Registered	Agent			
					81	Name							
Fassinger, Richard 242 Colonial Lane						Street	Address (P.O. Box	x Number is Not A	cceptable)				
PALI	W BEACH FL 33480				83								
					84	City			FL	85	Zip Ci	ode	
office or n	egistered agent, or bot m familiar with, and ac	h, in the State cept the obliga	2 and 607.1508, Florida of Florida. Such chang tions of, Section 607.05	e was author 505, Florida :	nzed by Statutes	the corpo	oretion's board of	cirectors. I nereby	accept the appo	changii ntment	ng its r as reg	egistered stered	
	Signature, typed or printed na			(NOTE: Regis		t signature re	equired when reinstating		DATE				
12.		OFFICERS AN	ID DIRECTORS		13.		ADDITI	ONS/CHANGES T	O OFFICERS A				
TITLE	D		☐ DE	LEIE :	1.1 TITLE					Ch:	ange	Addition	
NAME	FASSINGER, RICH				1.2 NAME								
STREET ADDRE 3S	242 COLONIAL LA			1	1.3 STREET	ADDRESS							
CITY-ST-ZIP	PALM BEACH FL	33480			1.4 CITY-S1	r-ZIP							
TITLE.			☐ DEI	LETE	2.1 TITLE					Ch:	ange	Addition	
NAME					2.2 NAME								
STREET ADORE 3S					2.3 STREET	ADDRESS							
CITY-ST-ZIP					2. 4 CITY-S	T-ZIP							
TITLE			☐ DÉI	LETE	3.1 TITLE					☐ Chi	ange	☐ Addition	
NAME				i	32 NAME								
STREET ADDRESS					3.3 STREET	ADDRESS						ĺ	
CITY-ST-ZIP					3.4. CITY- S	T-ZIP							
TITLE			☐ DEI	LETE	4.1 TITLE					Ch:	ange	Addition	
NAME					4. 2 NAME								
STREET ADDRE 3S					4.3 STREET	ADDRESS							
CITY-ST-ZIP					4.4 CITY-S1	r-ZIP						ĺ	
TITLE	-		☐ DEI		5.1 TITLE					☐ Ch	ange	Addition	
NAME					5.2 NAME								
STREET ADDRESS					5.3 STREET	ADDRESS							
CITY-ST-ZIP					5 4 CITY-ST	Γ- 2 ΙΡ							
TITLE			☐ DEI	LETE	6.1 TITLE				-	☐ Ch	ange	Addition	
NAME					6.2 NAME								
OTDEET ADDDE 10					6.3 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 recuired 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

561 845 162