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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V46464

1. Corporation Name

Principal Place of Business

OCTANE CORPORATION

2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Fincipal Place of Business 2. Mailing Address 2. Mailing Address 3. Suite, Apt. #, etc. 4. FEI Number 4. Suite Additional Suite. 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Election Campaign Financing 7. Thus Fund Contribution own event event con
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City & State Country B. This corporation west the current year Intangible Personal Property Tax. Personal Property Tax. Personal Property Tax. Name 10. Name and Address of New Registered Agent Name HORVITZ, WILLIAM D. Estate Address (P.O. Box Number is Not Acceptable) 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 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, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Change Address City-ST-ZIP ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Address City-ST-ZIP FT LAUDERDALE FL 1.4 CITY-ST-ZIP FT LAUDERDALE FL FT LAUDERDALE FL 1.4 CITY-ST-ZIP FT LAUDERDALE FL 1.5 TITLE 1.4 CITY-ST-ZIP
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HORVITZ, WILLIAM D. LAS OLAS CTR 450 E LAS OLAS BLVD 900 FT. LAUDERDALE FL 33301 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 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIgnature, typed of printed name of registered agent and title if applicable. NOTE: Registered Agent alignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DPST DELETE 1.1 TITLE NAME HORVITZ, WILLIAM D. SIRREET ADDRESS LAS OLAS CTR 450 E LAS OLAS BLVD 900 1.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL
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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 signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE DPST. DELETE 1.1 TITLE NAME HORVITZ, WILLIAM D. STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 14. CITY-ST-ZIP
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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 angual 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 changes of the corporation of the corporation of the receiver of 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 changes of the corporation of the corporatio

6.4 CITY-ST-ZIP

RE REQUIRED