FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 10 AM 8:43

DOCUMENT # F93000005961 (8)

1. Corporation Name
PETRO/EQUITIES, INC.

Principal Place of Business	Mailing Address
SUITE 209 500 OLD COUNTRY ROAD GARDEN CITY NY 11530	SUITE 209 500 OLD COUNTRY ROAD GARDEN CITY NY 11530

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/30/1993	3a. Date of Last Report: 04/21/1994
4. FEI Number: 11-2480901	Applied For / Not Applicable
5. Certificate of Status Desired [ ]	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ]	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 500 OLD COUNTRY ROAD	26 SAME
Suite, Apt. #, etc. 22 209	Suite, Apt. #, etc. 27
City & State 23 GARDEN CITY NY.	City & State 28
Zip 24 11530 / Country 25 NASSAU.	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

REDPATH, ROBERT
1610 HUNTINGTON PLACE
SAFETY HARBOR FL 34695

10. Name and Address of New Registered Agent

81 Name: SAME
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.

NO CHANGE

SIGNATURE ____________________

12. OFFICERS AND DIRECTORS	
TITLE	PTCD
NAME	KING, DAVID V
STREET ADDRESS	500 OLD COUNTRY ROAD
CITY ST ZIP	GARDEN CITY NY 11530
TITLE	S
NAME	BOMBACE, LUCILLE
STREET ADDRESS	500 OLD COUNTRY ROAD, SUITE 209
CITY ST ZIP	GARDEN CITY NY 11530
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (entries 1–6: Title, Name, Street Address, City St Zip; [ ] Change [ ] Addition) — blank

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: DAVID V KING. [signature] 1/15/95 (516)741-3434

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0300542 FP