

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

FILED

**Jan 23 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 # F95000003496 (5)
1. Corporation Name
PETRACOM HOLDINGS, INC.



Principal Place of Business: 1527 NORTH DALE MABRY HIGHWAY, STE. 105 LUTZ FL 33549
Mailing Address: 1527 NORTH DALE MABRY HIGHWAY, STE. 105 LUTZ FL 33549

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/20/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3324165	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		29		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30		6. Election Campaign Financing Trust Fund Contribution	
29		30		<input type="checkbox"/> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		81 Name Joseph M. Fry	
		82 Street Address (P.O. Box Number is Not Acceptable) 1527 North Dale Mabry Highway	
		83 Suite 105	
		84 City Lutz	
		85 Zip Code FL 33549	

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: Joseph M. Fry, CFO/VP DATE: 01/09/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ASH, HENRY A	1.2 NAME	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, STE. 105	1.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549	1.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TRICKEY, HOWARD	2.2 NAME	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, STE. 105	2.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549	2.4 CITY - ST - ZIP	
TITLE	VT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRY, JOSEPH	3.2 NAME	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, STE. 105	3.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRABER, GREGORY	4.2 NAME	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, STE. 105	4.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSH, CHARLENE	5.2 NAME	
STREET ADDRESS	1527 NORTH DALE MABRY HIGHWAY, STE. 105	5.3 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL 33549	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 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: Joseph M. Fry, CFO/VP DATE: 01/09/98 (813)948-2554
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E034 (10/97)