## FILE NOW: FILING FEE AFTER MAY 1 IS \$225 OO

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PROFIT CORPORATIO ANNUAL REPO		FLORIC	DA DEPARTMENT Sandra B. Mortha Scoretary of Sta	ry of State				
1996	6.6	DIVIS	SION OF CORPOR					
DOCUMENT	# P95	000020931	l (8)					
1. Corporation Name			` '					
PETROAMERIC	A, INC.							
Principal Place of Business 15262 NATURES POINT LN		Mailing Address	 S					
		15262 NATUR	15262 NATURES POINT UN					
WELLINGTON FL 33414		WELLINGTON	WELLINGTON FL 33414					
2. Principal Place of Business		2a. Mailing Add	2a. Mailing Address 26					
Suite, Apt. #, etc.		Suite, Apt. e	⊭, etc.					
2		27						
City & State		City & State	?					
a		28						
Zφ	Country	Z <sub>1</sub> p	F ¬ ` `	ountry				
4	25	29	30					
9. Name	and Address of	Current Registered Agent	l					
				181 Name				



3a. Date of Last Report

Applied For Not Applicable \$8.75 Additional

Fee Required **\$5.00** May Be

Added to Fees

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

4. FE: Number 05-0563361

03/13/1995

								100.000	
Zφ ¬	Country	2 <sub>(p</sub>	30 Cc	Country		This corporation has liability for intangible tax under s 199.032,     Flonda Statutes			
4	25 Name and Address of Cu	29	[30]	1		10. Name and Address of		1	
9	. Name and Address of Cu	rrein Registered Agent		81	Name	Id. Marie prid Address C.	TOTAL TROUBLES OF THE STATE OF	-	
HASEOTES, VASILIOS S II 15262 NATURES POINT LN				82 Street Address (P.O. Box Number is Not Acceptable) 83					
WELLINGTO	ON FL 33414			"					
				84	City		FL 85	Zip Code	
44.5	40-44-507	0500 and 007 1609 Floor	Chabitae this ak	1	sound or	rporation submits this statement for		L	office
or registered a	agent, or both, in the State of	Florida, Such change was:	authorized by the	corb	oration's	board of directors. Thereby accept:	the appointment as regist	ered agent. I an	m
familiar with, a	and accept the obligations of,	Section 607.0505, Florida	Statutes.						
SIGNATURE	ature its ped or printed harrie of registerior.		Mariata D. s. s.u	. 4 &	et sourcet men o	equaters without reconstruction	DATE		
12.		S AND DIRECTORS	I 13				TO OFFICERS AND DIRE	CTORS IN 12	
TITLE	OF TOUR	□ DEL	,	1 TLF		PIVITISID  VASILIOS S. H  15262 NATUR  Wellington, 1	Cha	ange 🔲 Additii	106
NAME		_	12	NAME	1	Mariline S. H	ASCOTES II		
STREET ADDRESS			13	STHEET	ADDRESS	15712 Natur	es Point Un	16	
CITY-ST-ZIP				CITY-S	11 - 71P	Wallington	I=L 334	14	
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NAME		<del></del>	2?	NAME		(			
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CITY-SI-ZIP			2.4	DITY-5	51 - <b>Z</b> IP				
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NAME			3.2	NAME					
STREET ADDRESS			3.3	STAFE	T ADDRESS				
CiTY-ST-7iP			3.4	CITY-	ST - ZIP				
THLE		DEI	ETE 4	TITLE			Cha	angé 🔲 Addit	t-on
NAME			4.2	NAM:					
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CITY-ST-ZIP			4.4	CITY	\$!-7iP				
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NAME			6:	NAME					
STREET ADDRESS			6:	STREE	T ADDRESS				
CITY-ST-ZIP			6	CHY-	ST-ZIP				
14. I do hereby o	ertify that the information supp	alied with this filing is volun	tarily furnished ar	id doe	as not qu	alify for the exemption stated in Sec	tion 119.07(3)(k), Florida s	Statutes. I furthe	er Stor

cently that the information indicated on this annual report or supplemental annual report is due and accurate and that my signature shall have the serie legal effect as in fracte this cath, 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 13 or Chapter 607, Florida Statutes; and that my name appears in Block 13 or Chapter 607, Florida Statutes; and that my name

SIGNATURE:

6/12/96 407-795-5306