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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000020931 (8)

PETROAMERICA, INC.

FILED May 04 1998 8:00am Secretary of State



6: 1 16:					<u> </u>	110H 00H0
Principal Place of Business Mailing Address						
15262 NATUR WELLINGTON		15262 NATURES POINT LI WELLINGTON FL 33414	N			
					DO NOT WRITE IN THIS SPACE	
					3. Date Incorporated or Qualified	
		T			03/13/1995	
2. Principal Place of Business 21 1808 LAKE WORTH (2D) 26					4. FEI Number	Applied For
21 1808 1	AKE WORLH ISD	26	L		65-0563361	Not Applicable
Suite, Apt. 22 LAKE	WORTH FL 33461	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23	28		· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution	Added to Fees
Zip	Country	Zip			8. This corporation owes or has paid the	
24	[25]		30		Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	t Hegistered Agent	81	T Man-a	10. Name and Address of New Register	ed Agent
	SEOTES, VASILIOS S II		•'	Name		
15262 NATURES POINT LN			82	Street Add	dress (P.O. Box Number is Not Acceptable)	
WELLINGTON FL 33414			83	83		
			84			
			**	City	F	B5 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.						
SIGNATURE Signature typed or printed name of registured agont and title if applicable (NOTE Registered Agent signature required when reinstalling) DATE						
12.	OFFICERS AND		13.	ant eignature requ	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PSD	☐ DELETE	1.1 TITLE		ADDITIONO OF INVESTOR	☐ Change ☐ Addition
NAME	HASEOTES, VASILIOS S II		1.2 NAME			[,
STREET ADDRESS	15262 NATURES POINT LANE		1.3 STREE	T ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		1.4 CITY-	1		
TITLE	VI	☐ DELETE	2.1 TITLE			Change Addition
NAME	D'AGOSTINO, RAYMOND V		2.2 NAME			
STREET ADDRESS	15262 NATURES POINT LANE			T ADDRESS		
CITY-ST-ZIP	WELLINGTON FL 33414		2.4 CITY-	· I		
TITLE		☐ DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME			3.2 NAME			
STREET ADDRESS				T ADDRESS		j
CITY-ST-ZIP			3.4. CITY-			
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME			4. 2 NAME			j
STREET ADDRESS				T ADDRESS		ŀ
CITY-S1-ZIP			4.4 CiTY-:			j
TOTLE	· · · · · · · · · · · · · · · · · · ·	DELETE 511			· · · · ·	Change Addition
NAME			5.2 NAME			-
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			5.4 CiTY-			
TITLE		DELETE	6.1 TITLE	31-24		☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
i						
CITY-ST-ZIP			6.4 CITY-	or-ur		

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: VALUES ALBORITA (VASILIOS S. HASEUTES) PRE

4-6-98 561-753-6293