

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90037 003 \*\*\*150.00

**DOCUMENT # P95000020931**

1. Corporation Name  
**PETROAMERICA, INC.**



Principal Place of Business

**1808 LAKE WORTH RD  
LAKE WORTH FL 33461  
US**

Mailing Address

**15262 NATURES POINT LN  
WELLINGTON FL 33414**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/13/1995**

4. FEI Number

**65-0563361**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

**\$5.00** May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** **1808 LAKE WORTH RD**  
Suite, Apt. #, etc.

City & State

**23**

City & State

**28** **LAKE WORTH FL**

Zip

Country

**24**

Zip

Country

**29** **33461**

**30** **U.S.A.**

9. Name and Address of Current Registered Agent

**HASEOTES, VASILIOS S II  
15262 NATURES POINT LN  
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**1808 LAKE WORTH RD**

83

84 City **LAKE WORTH, FL**

**FL**

85 Zip Code **33461**

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

TITLE **PSD** ☐ DELETE

NAME **HASEOTES, VASILIOS S II**  
STREET ADDRESS **15262 NATURES POINT LANE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE **VT** ☐ DELETE

NAME **D'AGOSTINO, RAYMOND V**  
STREET ADDRESS **15262 NATURES POINT LANE**  
CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS **1808 LAKE WORTH RD.**  
1.4 CITY-ST-ZIP **LAKE WORTH, FL 33461**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS **1808 LAKE WORTH RD.**  
2.4 CITY-ST-ZIP **LAKE WORTH, FL 33461**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

**01-11-99**

Date

**561-753-6293**

Daytime Phone #

CR2E034 (1/98)