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

DOCUMENT # P98000017435 1. Corporation Name

AMERICOM RESOURCES, INC.

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90081 049 ***158.75



icipal Place of	Business	Mailing Address						
WIMBELDON C	IRCLE	121 WIMBELDON CIRCLE						
THROW FL 327	46	HEATHROW FL 32746				DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified	702	
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						02/23/1998 4. FEI Number		
rincipal Place		2a. Mailing Address		. 4	0		f—+-	pplied For
20 JATE	enational Agentian	26 120 FOTER	OTTO	NAN	TARKUIN			lot Applicable
Suite, Apt. #, e	etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional
Buite	220	27 Duile 220						Required
City & State	,	City & State	\mathcal{C}		A .	6. Election Campaign Financing		May Be -
HEATH	LOW, TOPIPH	28 HEATHEOW.	110	<u>e10</u>) /\	Trust Fund Contribution	Added	to Fees
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52746	25 SOMINOLE	29 32746 3	0	EMI	NA/E	1 Gradial 1 Taparty 1 = 11	Yes	Mo
	3. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Ag	ent	
			_	81 N	lame			
FENNER, STEWART D				20 Country (D.O. D. Marker & Market Associately)				
	KESHORE DR.		82 Street Addre			dress (P.O. Box Number is Not Acceptable)		
	DORA FL 32757-5407			83				
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			-	84 C	City	P)	85 Zip	Code
						FL ration submits this statement for the purpose of ch	بحبلب	
Sign	ature, typed or printed name of registered agen OFFICERS AN		13.	Agent sig	nature required v	ADDITIONS/OFANGES TO OFFICERS AND	DIRECT	ORS IN 12
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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.

Charles W. Rucker.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES W. RUCKER