

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Sep 15 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000032665 (9)**  
 1. Corporation Name  
**POWER RESOURCES LTD., INC.**



Principal Place of Business 1312 SOUTH MORNINGSIDE DR. MELBOURNE FL 32901	Mailing Address 1312 SOUTH MORNINGSIDE DR. MELBOURNE FL 32901
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9900 Gray Boulevard Suite, Apt. #, etc.	2a. Mailing Address 26 P. O. Box 81042 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/28/1994	3a. Date of Last Report 06/21/1996
22 City & State 23 Austin, Texas	27 City & State 28 Austin, Texas	4. FEI Number 59-3233374	Applied For Not Applicable
24 Zip 78758	25 Country Travis	29 Zip 78708	30 Country Travis
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent CURATOLO, LEWIS SR. 4000 BEECHWOOD CIRCLE COCOA FL 32936		10. Name and Address of New Registered Agent		
81 Name	Rick D. O'Quinn			
82 Street Address (P.O. Box Number is Not Acceptable)	3610 Harlock Road			
83				
84 City	Melbourne,	FL	85 Zip Code	32934-8409

I, the undersigned, do hereby certify that I am the registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

SIGNATURE: Rick D. O'Quinn DATE: 090997

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	Vice President
NAME	CURATOLO, LEWIS JR.	1.2 NAME	Stephen M. Earhart
STREET ADDRESS	8523 ROCKCLIFFE DR	1.3 STREET ADDRESS	2103 Knob Hill Drive
CITY-ST-ZIP	JONESTOWN TX	1.4 CITY-ST-ZIP	Corinth, Texas 76205
TITLE		2.1 TITLE	Vice President
NAME		2.2 NAME	Charles L. Lacallade
STREET ADDRESS		2.3 STREET ADDRESS	1610 County Road 134
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Burnet, Texas 78611
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED

CR2E034 (4/97)