

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P95000044414 (7)
 1. Corporation Name

POWERLINE FINANCIAL SERVICES, INC.



Principal Place of Business: **901 N.W. 58TH COURT FT. LAUDERDALE FL 33309**
 Mailing Address: **901 N.W. 58TH COURT FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified: **06/08/1995**
 3a. Date of Last Report: [Blank]
 4. FEI Number: **65-0586153**
 Applied For: [Blank] / Not Applicable
 5. Certificate of Status Desired: [] **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution: [] **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 262 S.W. 12th Ave**
 Suite, Apt #, etc: [Blank]
 City & State: **23 Deerfield Beach FL**
 Zip: **24 33442** Country: [Blank]
 2a. Mailing Address: **26 262 S.W. 12th Ave**
 Suite, Apt #, etc: [Blank]
 City & State: **28 Deerfield Beach FL**
 Zip: **29 33442** Country: [Blank]

9. Name and Address of Current Registered Agent
SILBERSWEIG, RONNIE
901 N.W. 58TH COURT
FT. LAUDERDALE FL 33309

10. Name and Address of New Registered Agent
 81 Name: **Silbersweig Ronnie**
 82 Street Address (P.O. Box Number is Not Acceptable): **262 S.W. 12 Ave.**
 83 [Blank]
 84 City: **Deerfield Beach** FL 85 Zip Code: **33442**

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: **Ronnie Silbersweig** (Signature) **6/14/96** (Date)
Signature typed in printed name of officer or director (if applicable) (NOTE: Registered Agent signature required when re-issuing)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SILBERSWEIG, BARRY	
STREET ADDRESS	901 N.W. 58TH COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-ST-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	200001872702	
54 CITY-ST-ZIP	-06/24/96--01024--019	
	***225.00	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Barry Silbersweig** (Signature) **BARRY Silbersweig** (Typed Name) **6/14/96** (Date) **422-9551** (Telephone #)

CR2E034 (3/96)