

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 May 13, 1999 8:00 am Secretary of State

05-13-1999 90020 002 \*\*\*150.00

DOCUMENT # M44010  
1. Corporation Name  
1360 POWER, INC.

Principal Place of Business Mailing Address  
8951 NE 8 AVE #117 MIAMI, FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
12/30/1986

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For	
	Suite, Apt. #, etc.	26	1509 Mc FARLANE RD		59-2760248	Not Applicable	
22	City & State	27	% T. BAUM	5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	Zip	28	COLVILLE, WA		<input type="checkbox"/>	\$5.00 May Be Added to Fees	
23	Country	29	99114	30	USA	8.	This corporation owes the current year Intangible Personal Property Tax.
							<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent  
AUGUST, GUS  
8951 NE 8 AVE #117 MIAMI, FL 33138

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	1.1 TITLE	M P D
NAME	AUGUST, GUS	1.2 NAME	
STREET ADDRESS	8951 NE 8 AVE #117	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33138	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	T
NAME		2.2 NAME	AUGUST, LOUISE
STREET ADDRESS		2.3 STREET ADDRESS	8951 NE 8 AVENUE, #117
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D	3.1 TITLE	V S D
NAME	BAUM, TRACI	3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	1509 MC FARLANE ROAD
CITY-ST-ZIP		3.4 CITY-ST-ZIP	COLVILLE, WA 99114
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 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: By Traci Baumas Director 4/16/99 509-684-6326  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)