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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 429467

POWER CORPORATION

FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90138 001 ***158.75



Principal 2666 AIRPO NAPLES FL US	Place of Business ORT RDS. . 34112	Mailing Address 2666 AIRPORT RDS. NAPLES FL 33962		DO NOT WRITE IN T	
2. Princina	al Place of Business			06/28/1973	
21	ar race or Business	2a. Mailing Address		4. FEI Number	
	vpt. #, etc.	26		59-1466525	Applied For
22	фі. и , віс.	Suite, Apt. #, etc.			Not Applicable
City & S	State	27		5. Certifcate of Status Desired	\$8.75 Additional
23		City & State		& Floring Ö	Fee Required
Zip	0:	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
24	Country 25	Zip	Country		Added to Fees
 -		29	30	This corporation owes the current year Personal Property Tax.	_
	9. Name and Address of Cur	rent Registered Agent		10. Name and Address of New Registers	Yes No
H#	GGS, WILLIAM T.		81 Name	The Address of New Registers	Agent
26	66 AIRPORT RD., S.		82 Street Add		
NA	PLES FL 34112		Sireet Add	ress (P.O. Box Number is Not Acceptable)	
			83		
11 Durauan			84 City		85 Zip Code
office or	registered agent or both in the Ster	502 and 607.1508, Florida Statut	es, the above-named corn	oration submits this statement for the purpose on's board of directors. I hereby accept the appear	<u>L</u>
agent. I	am familiar with, and accept the oblig	te of Florida. Such change was a	uthorized by the corporation	oration submits this statement for the purpose of	of changing its registered
	and accept the Obli	gations of Section 607 0505 Fig.	ride Statutes	on a board of directors. I hereby accept the application	interior and registered
SIGNATURE		,	rida Statutes.	oration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose on the purpose of the pur	pintment as registered
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOTE	ride Otatoles,		pintment as registered
SIGNATURE	Signature, typed or printed name of registered ar		rida Statutes. Registered Agent signature required 13.	when reinstating) OATE	as registered
SIGNATURE 12. TITLE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE	Registered Agent signature required	Tuhan minatalia a	ND DIRECTORS IN 12
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable. (NOTE:	Registered Agent signature required	when reinstating) OATE	as registered
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered at OFFICERS A DP HIGGS, WILLIAM T. 2666 AIRPORT RD.,S.	gent and title if applicable. (NOTE:	Registered Agent signature required 13. 1.1 TITLE 1.2 NAME	when reinstating) OATE	ND DIRECTORS IN 12
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Thereby 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:

741-775-2230