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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 569077

1. Corporation Name

POWER MASTERS ELECTRIC, INC.

FILED Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90003 009 ***150.00

1011211	Marie Le Le La								
Principal Place	e of Business	Mailing Address						,,,	1011 01011 1091
14691 SW 21ST	T STREET .	14691 SW 21ST STREET							
DAVIE. FLORIDA 33325 DAVIE. FLORIDA 33325						DO NOT WRITE	IN THIS SPA	CE	
						3. Date Incorporated or Qualifed	-		
						04/13/1978			
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		App	olied For
21		26				59-1818861		Not	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					,	-	dditional
22		27			<u></u>	5. Certificate of Status Desired		Fee:Rec	quired
City & State	e	City & State				6. Election Campaign Financing		5.00	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Countr	ry		8. This corporation owes the current	year Intangib		No No
24	9. Name and Address of Current	29 30	<u> </u>			Personal Property Tax. 10. Name and Address of New Reg			
<u> </u>	s. Name and Address of Correla	registered Agent	8	1 N	ame	To. Hame and			
	WBRIDGE, CHARLES R.					VID O Day Market Market Market			
1469	91 S.W. 21ST STREET		82	2 5	treet Addre	ss (P.O. Box Number is Not Acceptable	")		
DAVI	IE FL 33325		83	3					
			84	4 0	ity		85	Zip C	aho:
					•				
11. Pursuant office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of mamiliar with, and accept the obligation	and 607.1508, Florida Statutos, Florida. Such change was auth	the abou	ve-na by the	amed corpo corporation	ration submits this statement for the purification and of directors. I hereby accept the	rpose of chan ne appointme	ging its i nt as reg	registered gistered
l .	m familiar with, and accept the obligan	Ion s of, Seption 6 07.0505, Florida	a estative	es.			3-24	99	
agent. I a	China Ka	//same	Con .	ىق	_	when reinstating)	3-24-	99	
l .	Signature, typed or printed name of registered agent OFFICERS ANI	and titled applicable. (NOTE: Re	Con .	ىق	_		DATE CERS AND DI	RECTO	RS IN 12
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SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND TROWBRIDGE, CHARLES R	and titled applicable. (NOTE: Re	oistered Ap	gent sig	_	when reinstating)	DATE CERS AND DI	RECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registed agent OFFICERS AND TROWBRIDGE, CHARLES R 14691 SW 21ST ST	and titled applicable. (NOTE: Re	1.1 TITLE 1.2 NAME 1.3 STREE	pent sig	DRESS	when reinstating)	DATE CERS AND DI	RECTO	RS IN 12
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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 of Supplemental annual report is mile 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 copporation or the receiver or trustee emplowered 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 employered.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP