

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR -3 AM 9:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 674515 (2)

1. Corporation Name

POWERS ENTERPRISES, INC.

Principal Place of Business

15416 N.W. 77TH COURT
MIAMI FL 33016

Mailing Address

15416 N.W. 77TH COURT
MIAMI FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/23/1980

3a. Date of Last Report

04/29/1994

4. FEI Number

59-2016025

Applied For

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

Suite, Apt. #, etc.

22. City & State

23

Zip

Country

24

2a. Mailing Address

25

Suite, Apt. #, etc.

27. City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POWERS, JAMES G
3217 HARRISON ST
HOLLYWOOD FL 33021

81. Name

DANIEL J. POWERS

82. Street Address (P.O. Box Number is Not Acceptable)

6420 N.W. 192nd TERR.

83.

84. City

MIAMI

FL

85. Zip Code

33017

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Daniel Powers

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
POWERS, JAMES GEORGE
3217 HARRISON ST
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

P
POWERS, DORIS LEE
3217 HARRISON ST
HOLLYWOOD FL 33021

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VP
POWERS, DANIEL J.
6420 NW 192 TERR
MIAMI FL 33017

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PRESIDENT
DANIEL J. POWERS
6420 NW 192nd TERR
MIAMI, FL 33017

☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TREAS.
DANIEL J. POWERS
6420 NW 192nd TERR
MIAMI, FL 33017

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

V/P
DANIEL J. POWERS
6420 N.W. 192nd TERR
MIAMI, FL 33017

☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 118.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

Daniel Powers
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 1, 1995 (305) 822-0655

Signature of Secretary of State