SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 4/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

•	1995		TE TE TE	DIVISION OF CORPORATIONS					95 JUN 20 1311: 10				
DOCUMENT # F24522 (7) 1. Corporation Name											4.5H : [0	
POWER	PLAY RA	ACE TEAM,	INC.										
Principal Place of Business Mailing Address													
2740 NW 29TH TERR. 2740 NW 29TH TERR. FT LAUDERDALE FL 33311 FT LAUDERDALE FL 3									DO NOT WRITE IN THIS SPACE. 3. Date incorporated or Qualified 3.9. Date of Last Report				
									04/06/1981	07/	/26/1994		
2. Principal Pla	ace of Busine	355	<u> </u>	2a. Mailing Address					4. FEI Number 65-041	249		plied For]
Suite, Apt. 4	#, etc.		26	Suite, Apt. #, etc.					NOT APPLICABLE		\$8.75 A	Additional	1
22			27	27					5. Certificate of Status Desired		Fee Re	·	4
City & State				City & State					6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added to		
Zp		Lountry	- 120	Zip Courii					B. This corporation has hability for in				1
24	25 9, Name and Address of Current			3				Florida Statutes Yes 10. Name and Address of New Re	No	Annt		┨	
	9, Name	and Address o	r Current Hagi	stered Agent		81	Name		10. Name and Address of New Ad	gisterou i	-yeni		1
irwin, Edward J.						82	Street Ad	idres	idress (P.O. Box Number is Not Acceptable)				┨
2691 EAS			83						 		$\frac{1}{2}$		
SUITE #44 FT LAUDE		33306			Į.		01		······································		85 Zip C	2040	-
				84	City			FL	.		_		
or registere	ed agent, or	both, in the State	e of Florida. Suc	ch change was authorize	s, the abor od by the c	ve-n	named corporation's bo	orati pard	on submits this statement for the purp of directors. I hereby accept the appo-	ose of cha ntment as	inging its reg registered at	istered office gent. I am	
	h, and accep	ot the obligations	of, Section 607	7.0505, Flonda Statutes.									
SIGNATURE	Signature, typed	or printed name of regu				Aguri	1 sprature mou	Fed w		DATE			15
12.	PSD	OFFIC	ERS AND DIRE	CTORS	13. 1 1 TI	TI F			ADDITIONS CHANGES TO LOTHIC	TERE, AND	Change	Addition	CR2E034 (3/95
NAME		EN, DANIEL S				1 2 NAME							¥
STREET ADDRESS		41 STREET					ADDRESS						
CITY - ST - ZIP				140		1.4 CITY - ST - ZIP							
TITLE	-				2 1 111						Change	Addition	۲
NAJAE					22 NA								
STREET ADDRESS							ADDRESS						
CITY ST-ZIP					2 4 CII	_	1-412			-	Change	Addition	1
NAME					32 NA	ME	-						
STREET ADDRESS			33 51	REET	ADDRESS								
CITY - ST-ZIP					3.4 CITY+ST+ZIP							1 1244	1
TITLE					41 111						Change	Addition	İ
NAME					42 NAME 43 STREET ADDRESS								l
STREET ADDRESS CITY+ST+1/P					44 CI								
TITLE				· · · · · · · · · · · · · · · · · · ·	51111						Change	Addition	1
HAME					5214	JJE							l
STREET ADDRESS					5351	REET	ADDRESS						
CITY - ST - 7IP					5 4 CI		1 - 2IP				I I Change	Addition	-
TITLE					61111		•				Change	Addition	l
NAME					62111		ADDOLEC						
STREET ADDRESS City+S1+7ip					6 4 CI		ADDRESS T. 7IP						
14 I do Ivarely	y cortify that	the information t	supplied with thi	is filling is voluntarily fumi	short and a	rion	a not qualify	y for	the examption stated in Section 119.0	7(3)(k), Flo	rida Statules	. I further	1
cortify that oath; that I appears in	The informat Lam an office Block 12 or	bon indicated on or or director of t Block /13 if char	use ennual repo he corporation agod, or or en en a	or or supplemental anni or the receiver or trustoc attachment with an addre	an roport k o empower ses	od I	io exoculo l	orani Irla r	and that my signature shall have the s open as required by Chapter 607, Fie	rida Sinivi	os; and that i	my namo	

ALLES WANTED NAME OF SIGNING OFFICER OF DIRECTOR

133-2500

SECRETARY OF STATE DIVISION OF CORPORATIONS