## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 27 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9500006119 (0)

POWER T.E.C. INTERNATIONAL INC.

Occasional Disa	co of their pen	Moiling Addrone					
Principal Place of Business Mailing Address  PO BOX 640 VAN VLECK TX 77482  PO BOX 640 VAN VLECK TX 77482  PO BOX 640 VAN VLECK TX 77482-0640							
					3. Date Incorporated or Qualified 12/15/1995	3a. Date of Last F 03/20/1996	Report
	Place of Business	2a. Mailing Address			4. FEI Number		pplied For
21 Suite Apt	. D syl,~	Suite. Apt. #, etc.			74-2266469	- \$8.75	ot Applicable Additional
22	C. H. COS	27			5. Certificate of Status Desired	T T T T T T T T T T T T T T T T T T T	equired
City & Sta	ite	City & State		***************************************	6. Election Campaign Financing	\$5.00	May Be
23	T	28			Trust Fund Contribution		to Fees
- Zip С.1	Country		7 p Country 30		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No		
24	25 9. Name and Address of Currer	29   nt Registered Agent	[30]	******************	10. Name and Address of New Re		
RO	ND, JACK C	······································		81 Name		<del></del>	
	25 MIRA VISTA LANE		-	82 Street Add	ress (P.O. Box Number is Not Acceptab	le)	······································
MELBOURNE FL 32940					TOOS (1.0 DOX MAINEST IS 160 / DOOPIGE		
				83			
			ţ	B4 City		FL 85 Zip	Code
11 Direction	to the previous of Sections 607 050	12 and 607 1508 Florida Si	tatutes the at	ove-named cor	poration submits this statement for the p		its registered
office or agent 1. SIGNATURE	registered agent, or both in the State are familiar with land accept the oblig	of Florida, Such change value of Section 607.0505	vas authorized 5, Florida Statu	by the corpora iles.	tion's board of directors. I hereby accep	it the appointment as	; registered
	Sopra vertiga a or printed harve of right modes;			Agent signature requ	ired when reinstating)	DATE	DO 111.40
12.	OFFICERS AN	ID DIRECTORS  DELETE	13.		ADDITIONS/CHANGES TO OFFIC	Change	
NAME	HUBBARD, JIMMY M	oracic	1.2 NA			C syange	rioditon
STREET ADDRESS	AAA III BARKIIII ABEEI/			REET ADDRESS			
C-DY-S - ZIP	VAN VLECK TX 77482		1.4 011	Y-ST-ZIP			
1111	V	☐ DELETE	21 111	LĒ		Change	Addition
NAME	HUBBARD, JAY		2.2 NA	ME			
STREET APPORESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			REET ADDRESS			
CHY-ST-7IP	BAY CITY TX 77414	DELETE		IY-ST-ZIP		Change	☐ Addition
TALE NAME	S HUBBARD, MYRNA		3.111 3.2 NA			E.J. Ortalgo	
STREET ADDRESS	AGG LIABBELLIA GBEEN		B B	REET ADDRESS		***************************************	,
CHTY-ST-ZM	VAN VLECK TX 77482		3.4. CI	IY-ST-ZIP			
THLE		DELETE	4.1 रग	LE		Change	Addition
NAME			4. 2 N/	ME			
STEEL LADORESS	,		4.3 ST	REET ADDRESS			
C017 - S1 - ZW		☐ DELETE		Y-SI-ZIP		Change	Addition
THLE		רו ntreit	5 1 TIT 5 2 NA			<u> — голануе</u>	L AUGIION
NAME STREET ADDRESS				REET ADDRESS			
CIBA- 81 - St.	'			Y-ST-ZIP			•
Tellf		DELETE		<del></del>		Change	Addition
NAME			62 NA	ME.			
STREET ADDRESS	;		63 ST	REET ADDRESS			
CITY: \$1.78				Y-ST-ZIP			
0117-51-7± <b>14.</b> I do hen informat	eby certify that the information supplied not indicated on this annual report of	supplemental annual fepor	64 Cfl qualify for the rt is true and a	Y-ST-ZIP exemption state ocurate and tha	ed in Section 119.07(3)(i), Florida Statute at my signature shall have the same lega ort as required by Chapter 607, Florida S	il effect as il made ui	nder oatl

E OF SIGNING OFFICER OR DIRECTOR