

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

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90075 014 \*\*\*150.00

DOCUMENT # F96000000963

1. Corporation Name

POWER FUELS, INC.

Principal Place of Business

801 CHERRY ST  
FT WORTH TX 76102  
US

Mailing Address

M/S 2901, PO BOX 7  
FT WORTH TX 76101-0007

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/26/1996

4. FEI Number

75-2635305

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

DC  
NAME  
MESSMAN, JACK L  
STREET ADDRESS  
801 CHERRY ST  
CITY-ST-ZIP  
FT WORTH TX 76102

TITLE ☐ DELETE

D  
NAME  
SMITH, M.B.  
STREET ADDRESS  
801 CHERRY ST  
CITY-ST-ZIP  
FT WORTH TX 76102

TITLE ☐ DELETE

DV  
NAME  
LASALA, JOSEPH A JR  
STREET ADDRESS  
801 CHERRY ST  
CITY-ST-ZIP  
FT WORTH TX 76102

TITLE ☐ DELETE

P  
NAME  
NIEMIEC, DONALD W  
STREET ADDRESS  
801 CHERRY ST  
CITY-ST-ZIP  
FT WORTH TX 76102

TITLE ☐ DELETE

V  
NAME  
BORER, MARK A  
STREET ADDRESS  
801 CHERRY ST  
CITY-ST-ZIP  
FT WORTH TX 76102

TITLE ☐ DELETE

V  
NAME  
GETTIG, PHILIP D  
STREET ADDRESS  
801 CHERRY ST  
CITY-ST-ZIP  
FT WORTH TX 76102

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☐ Change

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☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-99

Date

817/321-6861

Daytime Phone #

0558807

CR2E034 (1/98)