

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

FILED
Feb 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005675 (1)**

1. Corporation Name

POWER TECHNOLOGIES INC.

Principal Place of Business

565 5TH AVE 17TH FLR
NY NY 10017

Mailing Address

565 5TH AVE 17TH FLR
NY NY 10017

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1996

4. FEI Number

13-3912162

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current 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

10. Name and Address of New Registered Agent

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

TITLE	D	<input type="checkbox"/> DELETE
NAME	BODE, FRIEDHELM	
STREET ADDRESS	565 5TH AVE 17TH FLR	
CITY-ST-ZIP	NY NY 10017	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BLUE, WILLIAM A	
STREET ADDRESS	5353 W ARMSTRONG AVE	
CITY-ST-ZIP	CHICAGO IL 60646	

TITLE	D	<input type="checkbox"/> DELETE
NAME	GREEN, STEPHEN	
STREET ADDRESS	565 5TH AVE 17TH FLR	
CITY-ST-ZIP	NY NY	

TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVINE, ROBERT B	
STREET ADDRESS	565 5TH AVE 17TH FLR	
CITY-ST-ZIP	NY NY 10017	

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GROW, THOMAS	
STREET ADDRESS	709 ANCHORS ST	
CITY-ST-ZIP	FT WALTON BCH FL 32548	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jack E. Haegels
2.3 STREET ADDRESS	565 5th Ave
2.4 CITY-ST-ZIP	New York, NY 10017

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	P Marvin Shoemaker
5.3 STREET ADDRESS	709 Anchors St.
5.4 CITY-ST-ZIP	FT Walton Beach, FL 32548

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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.

SIGNATURE: **ROBERT B. LEVINE**
VICE-PRESIDENT

1/6/98 212-850-8500

CR2E034 (10/97)