


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
~AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 21, 1999 8:00 am**  
**Secretary of State**

09-21-1999 90021 026 \*\*\*550.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F98000002261**

1. Corporation Name

**POWERPLANT MAINTENANCE SPECIALISTS, INC.**

Principal Place of Business

666 WEST BAKER ST., #217  
COSTA MESA CA 92626

Mailing Address

666 WEST BAKER ST., #217  
COSTA MESA CA 92626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1998

4. FEI Number

33-0602214

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. ☐ Yes ☐ No

2. Principal Place of Business

21 660 W. BAKER ST.

2a. Mailing Address

26 660 W. BAKER ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 217

27 SUITE 217

City & State

23 COSTA MESA, CA

City & State

28 COSTA MESA, CA

Zip

24 92626

Country

25 USA

Zip

29 92626

Country

30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE ☐ DELETE

NAME ENGEL, JOLENE S  
STREET ADDRESS 666 WEST BAKER ST., #217  
CITY-ST-ZIP COSTA MESA CA 92626

TITLE ☐ DELETE

NAME DOMBROW, RICHARD  
STREET ADDRESS 666 WEST BAKER ST., #217  
CITY-ST-ZIP COSTA MESA CA 92626

TITLE ☐ DELETE

NAME SMITH, MIKE  
STREET ADDRESS 7225 CROWN COURT  
CITY-ST-ZIP NAVARRE FL 32566

TITLE ☐ DELETE

NAME ROBINS, MARIAN  
STREET ADDRESS 666 WEST BAKER ST., #217  
CITY-ST-ZIP COSTA MESA CA 92626

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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: *[Signature]* **SIGNATURE REQUIRED**

9/10/99 (714) 427-6900

CR2E034 (5/99)