


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

FILED  
Mar 25 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G66811** (2)  
1. Corporation Name  
**PATRICK POWER CORP.**



Principal Place of Business <b>2455 E SUNRISE BLVD SUITE 400 FT. LAUDERDALE FL 33304 US</b>	Mailing Address <b>2455 E SUNRISE BLVD SUITE 400 FT. LAUDERDALE FL 33304 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1983</b>	
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-2339160</b>	Applied For Not Applicable
22 City & State	27	29 City & State	30	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 Zip	25 Country	29 Zip	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>NILES, DONALD R. 2000 EAST OAKLAND PARK BLVD. SUITE 105 FORT LAUDERDALE FL 33306</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
85				86 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	<b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<b>DC</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>DRISCOLL, JAMES</b>		1.2 NAME	<b>Driscoll, James P.</b>			
STREET ADDRESS	<b>2455 E. SUNRISE BLVD, #400</b>		1.3 STREET ADDRESS	<b>2455 E. Sunrise Blvd., #400</b>			
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>		1.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>			
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>DPS</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>GUSTAFSON, R. CHARLES</b>		2.2 NAME	<b>Driscoll, Martin K.</b>			
STREET ADDRESS	<b>2455 E. SUNRISE BLVD, #400</b>		2.3 STREET ADDRESS	<b>2455 E. Sunrise Blvd., #400</b>			
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>		2.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>			
TITLE	<b>V</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<b>DV</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>PATEL, MAHENDRA H</b>		3.2 NAME	<b>Driscoll, Michael J.</b>			
STREET ADDRESS	<b>2455 E. SUNRISE BLVD, #400</b>		3.3 STREET ADDRESS	<b>2455 E. Sunrise Blvd., #400</b>			
CITY-ST-ZIP	<b>FT LAUDERDALE, FL 00000</b>		3.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>			
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>ROSENTHAL, AARON, SR</b>		4.2 NAME	<b>Driscoll, Joan C.</b>			
STREET ADDRESS	<b>2455 E. SUNRISE BLVD, #400</b>		4.3 STREET ADDRESS	<b>2455 E. Sunrise Blvd., #400</b>			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		4.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>			
TITLE	<b>DS</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	<b>DRISCOLL, MARTIN K.</b>		5.2 NAME	<b>Kirby, Dr. Joan Driscoll</b>			
STREET ADDRESS	<b>2455 E. SUNRISE BLVD, #400</b>		5.3 STREET ADDRESS	<b>2455 E. Sunrise Blvd., #400</b>			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		5.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>			
TITLE	<b>DT</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	<b>PFORDRESHER, ROBERT</b>		6.2 NAME	<b>Rosenthal, Aaron</b>			
STREET ADDRESS	<b>2455 E. SUNRISE BLVD, #400</b>		6.3 STREET ADDRESS	<b>2455 E. Sunrise Blvd., #400</b>			
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>		6.4 CITY-ST-ZIP	<b>Ft. Lauderdale, FL 33304</b>			

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 T. Pfordresher*

3/19/98

954 563-9755

CR2E034 (10/97)