

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

FILED  
May 08 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 # H49840 (2)  
1. Corporation Name  
POWERSOURCE, INC.



Principal Place of Business  
5702 AIRPORT ROAD  
SEBRING FL 33870  
US

Mailing Address  
5732 AIRPORT ROAD  
SEBRING FL 33870  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 111 Commercial Blvd. Suite, Apt. #, etc. 22 City & State Sebring, Fla. Zip 33870		2a. Mailing Address 26 111 Commercial Blvd. Suite, Apt. #, etc. 27 City & State Sebring, Fla. Zip 33870		3. Date Incorporated or Qualified 04/01/1985	
2. Principal Place of Business 21 111 Commercial Blvd. Suite, Apt. #, etc. 22 City & State Sebring, Fla. Zip 33870		2a. Mailing Address 26 111 Commercial Blvd. Suite, Apt. #, etc. 27 City & State Sebring, Fla. Zip 33870		4. FEI Number 59-2515665 Applied For Not Applicable	
2. Principal Place of Business 21 111 Commercial Blvd. Suite, Apt. #, etc. 22 City & State Sebring, Fla. Zip 33870		2a. Mailing Address 26 111 Commercial Blvd. Suite, Apt. #, etc. 27 City & State Sebring, Fla. Zip 33870		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
2. Principal Place of Business 21 111 Commercial Blvd. Suite, Apt. #, etc. 22 City & State Sebring, Fla. Zip 33870		2a. Mailing Address 26 111 Commercial Blvd. Suite, Apt. #, etc. 27 City & State Sebring, Fla. Zip 33870		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
2. Principal Place of Business 21 111 Commercial Blvd. Suite, Apt. #, etc. 22 City & State Sebring, Fla. Zip 33870		2a. Mailing Address 26 111 Commercial Blvd. Suite, Apt. #, etc. 27 City & State Sebring, Fla. Zip 33870		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CARLAN, STAN 5702 AIRPORT ROAD SEBRING FL 33870		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 111 Commercial Blvd. 83 84 City Sebring, FL 85 Zip Code 33870	
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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	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLAN, STAN	1.2 NAME	
STREET ADDRESS	7006 10TH AVE. SOUTH	1.3 STREET ADDRESS	4309 Burnwood Lane
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	Sebring, Fla. 33870
TITLE	VSD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARLAN, CLAUDETTE M.	2.2 NAME	
STREET ADDRESS	7006 10TH AVE. SOUTH	2.3 STREET ADDRESS	4309 Burnwood Lane
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	Sebring, Fla. 33870
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: Claudette M. Carlan CLAUDETTE M. CARLAN  
4/1/98 941/655-0288

CR2E034 (1097)