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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H51736

1. Corporation Name

STREET ADDRESS

SIGNATURE

CITY-ST-ZIP

POWERHOUSE FINANCIAL SERVICES OF AMERICA, INC.

1 0002111	IOOCE I MANOIAE CENTRO	EO OF PURILINOTH INTO						
Principal Place	e of Business	Mailing Address						411 61411 1241
23123 SR 7 23123 STATE ROAD 7 SUITE 210 SUITE 210 BOCA RATON FL 33428 US US					3. Date Incorporated or Qualifect	THE IN THIS S	PACE	
	- Contract	a Mailine Address			04/11/1985 4. FEI Number		Apr	olied For
2. Principal Place of Business 2a. Mailing Address				59-2666315		- 	Applicable	
21 26				39-2000313		\$8.75 A		
					5. Certifcate of Status Desired		Fee Rec	
22 27				6, Election Campaign Financing		\$5.00	May Be	
23					Trust Fund Contribution		Added to	
Zip	Country	Zip	Country		8. This corporation owes the cur	rent year Intan		
24	25	29 30	0		Personal Property Tax.			□No
	9. Name and Address of Curren	t Registered Agent		τ .	10. Name and Address of New	Registered A	gent	
BARV	CAMILE E ID		81	Name				
MAY, SAMUEL F., JR.			82	Street A	ddress (P.O. Box Number is Not Accep	table)		
11560 ISLAND LAKES LANE BOCA RATON FL 33498								
DOC	A NATON I E 30430		83					
			84	City		FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes	, the above	e-named c	orporation submits this statement for the	e purpose of ch	nanging its r	registered
office or re	egistered agent, or both, in the State	of Florida. Such change was auti	norized by	the corpor	alion's board of directors, Thereby acce	pruie appoint	mom as rog	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
ı agent, i ai	m tampiar with, and accept the objiga	itions of, Section 607.0505, Florid	ia Statutes		_	. 11.		
	1 a Chatthe	ations of, Section 607.0505, Florid	F M	BY I	Z	4/3	30/99	<u> </u>
agent. I al	Signature, typed or printed name of registering agen	nt and title if applicable. (NOTE: Re	egistered Ager	By I	Quired when reinstating)	DATE	30/99	<u></u>
SIGNATURE	Signature, typed or printed name of registered ager OFFICERS AN	nt and title if applicable. (NOTE: Re	egistered Ager	By I	<u> </u>	FFICERS AND		
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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 chapted, or on an attachment with any address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

FILED May 08, 1999 8:00 am Secretary of State

05-08-1999 90008 018 ***150.00