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

PROFIT CORPORATION **ANNUAL REPORT** 1998 DOCUMENT # Principal Place of Busin 6111 SW 136 AVENUE FORT LAUDERDALE FL 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

H56507

(7)

POWER INSTALLATION, INC.

oss	Mailing Address
	6111 SW 136 AVENUE
33330	FORT LAUDERDALE FL 33330
	us

FILED Apr 13 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/13/1985 Mailing Address 4. FEI Number Applied For 59-2529655 26 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 28 Country Zip Country ZiO This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name CARTER, RAY B. 6111 SW 136 AVENUE Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33330 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 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 runne of tregerered agent and blie if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1 1 TITLE Change Addition CARTER, RAY B. 12 NAME 6111 SW 136 AVENUE 1.3 STREET ADDRESS FORT LAUDERDALE FL 1.4 CITY - ST- ZIP DELETE Addition 2.1 TITLE

12. TITLE NAME STREET ADORESS CITY-ST-ZIP PAUL HECRMANCE HEERMANCE, PAUL NAME 2.2 NAME 4160 NW 79 AVE, #2F 1201 WESTWARD DRIVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI Springs FLA 33166 MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME MAME 6.3 STREET ADDRESS STREET ADDRESS 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 armual 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 in an attachment with an address

SIGNATURE:

4-6-98 954-434-3365