

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **J85569** (8)
1. Corporation Name
POWER ASSURANCE CORPORATION



Principal Place of Business
**1245 MILL CREEK ROAD
BRADENTON FL 34202
US**

Mailing Address
**1245 MILL CREEK ROAD
BRADENTON FL 34202
US**

3. Date Incorporated or Qualified
07/27/1987

3a. Date of Last Report
07/10/1995

4. FET Number
NOT APPLICABLE

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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
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City & State
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Zip
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Country
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2a. Mailing Address
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Suite, Apt. #, etc.
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City & State
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Zip
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Country
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9. Name and Address of Current Registered Agent

**ROESEL, JOHN JR
1245 133 ST NE
1245 MILL CREEK ROAD
BRADENTON FL 34202**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 (if not applicable)

Signature typed or printed name of new registered agent (if applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
	D ROESEL, JOHN JR	1245 MILL CREEK ROAD	BRADENTON FL	☐
				☐
				☐
				☐
				☐
				☐

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE	Change	Addition
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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

900001915639
-08/07/96--01046--021
*****225.00**

6-17-96 **746 3515**

CR2E034 (12/95)