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Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **K51017** (7)
 1. Corporation Name
POWERCON ELECTRONICS, INC.



Principal Place of Business Mailing Address
C/O J. O'DONOGHUE ← A-4 **C/O J. O'DONOGHUE** ← A-4
9420 LAZY LANE E-3 **9420 LAZY LANE E-3**
TAMPA FL 33614 **TAMPA FL 33614-1583**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/05/1988	3a. Date of Last Report 04/23/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2922601	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
O'DONOGHUE, J. 9420 LAZY LANE E-3 ← A-4 TAMPA FL 33614				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONOGHUE, J.		1.2 NAME	O'DONOGHUE, J	
STREET ADDRESS	9420 LAZY LANE E-3		1.3 STREET ADDRESS	9420 LAZY LANE A-4	
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP	TAMPA, FL 33614	
TITLE	STD	<input type="checkbox"/> DELETE	2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONOGHUE, CYNTHIA		2.2 NAME	O'DONOGHUE, CYNTHIA	
STREET ADDRESS	9420 LAZY LANE E-3		2.3 STREET ADDRESS	9420 LAZY LANE A-4	
CITY - ST - ZIP	TAMPA FL		2.4 CITY - ST - ZIP	TAMPA, FL 33614	
TITLE	VD	<input type="checkbox"/> DELETE	3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'DONOGHUE, EDDIE		3.2 NAME	O'DONOGHUE, EDDIE	
STREET ADDRESS	9420 LAZY LANE E-3		3.3 STREET ADDRESS	9420 LAZY LANE A-4	
CITY - ST - ZIP	TAMPA FL		3.4 CITY - ST - ZIP	TAMPA, FL 33614	
TITLE		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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		<input type="checkbox"/> DELETE	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 do 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: _____ **DATE:** 4/14/97 **DAYTIME PHONE #:** 813/932-7722
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)