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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 28 PM 4:09

DOCUMENT # **K62145** **(3)**

1. Corporation Name
IAL POWER SUPPLY, INC.

Principal Place of Business	Mailing Address
950 SE 12 ST HIALEAH FL 33010	950 SE 12 ST HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/31/1989**
3a. Date of Last Report: **08/10/1994**

2. Principal Place of Business 21
2a. Mailing Address 26
4. FEI Number: **65-0132496** ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22
Suite, Apt. #, etc 27
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
City & State 23
City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
Zip 24
Country 25
Zip 29
Country 30
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FINAZZO, NICOLAS
950 SE 12TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent

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

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 necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	11 TITLE	☐ Change ☑ Addition
NAME	BATCHELOR, GEORGE E.	12 NAME	D MARIANNE T. BATCHELOR
STREET ADDRESS	950 S.E. 12TH STREET		950 SE. 12th ST
CITY-ST-ZIP	HIALEAH FL	14 CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	DS	21 TITLE	☐ Change ☑ Addition
NAME	BATCHELOR, ANNE O.	22 NAME	VAS NICOLAS FINAZZO
STREET ADDRESS	950 S.E. 12TH STREET	23 STREET ADDRESS	950 SE. 12TH ST
CITY-ST-ZIP	HIALEAH FL	24 CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	AS	31 TITLE	☐ Change ☑ Addition
NAME	DAWSON, HUMPHREY	32 NAME	V RAYMOND J. WALKER
STREET ADDRESS	950 S.E. 12TH STREET	33 STREET ADDRESS	950 SE. 12TH ST
CITY-ST-ZIP	HIALEAH FL	34 CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	V	41 TITLE	☐ Change ☑ Addition
NAME	MESECHER, BOYD D.	42 NAME	P DOUGLAS PETTER
STREET ADDRESS	950 S.E. 12TH STREET	43 STREET ADDRESS	950 SE 12TH ST.
CITY-ST-ZIP	HIALEAH FL	44 CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	T	51 TITLE	☐ Change ☐ Addition
NAME	HIGGINS, JOHN J.	52 NAME	
STREET ADDRESS	950 S.E. 12TH STREET	53 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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)(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: Anne O. Batchelor — 2-7-95 — (305) 889-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ANNE O. BATCHELOR - SECRETARY

007A562 CP