

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # K62145 (3)
 1. Corporation Name
IAL POWER SUPPLY, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc
 27 City & State
 28 Zip Country
 29

3. Date Incorporated or Qualified
01/31/1989

4. FEI Number
65-0132496

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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HENRICKSON, MICHAEL R
950 SE 12TH STREET
HIALEAH FL 33010

10. Name and Address of New Registered Agent
 81 Name **POLK, RHONDA S.**
 82 Street Address (P.O. Box Number is Not Acceptable)
950 S.E. 12th STREET
 83
 84 City **HIALEAH** **FL** 85 Zip Code **33010**

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 607.0506, Florida Statutes.

SIGNATURE: *Rhonda S. Polk, Asst. Secretary* DATE: *5/6/98*

12. OFFICERS AND DIRECTORS

TITLE	DCP	<input type="checkbox"/> DELETE
NAME	BATCHELOR, GEORGE E.	
STREET ADDRESS	950 S.E. 12TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRARESI, DANIEL J	
STREET ADDRESS	950 S.E. 12TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	DAWSON, HUMPHREY	
STREET ADDRESS	950 S.E. 12TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	MESECHER, BOYD D.	
STREET ADDRESS	950 S.E. 12TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HIGGINS, JOHN J.	
STREET ADDRESS	950 S.E. 12TH STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WALKER, RAYMOND	
STREET ADDRESS	950 SE 12 ST.	
CITY-ST-ZIP	HIALEAH FL 33010	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SIMKOVITZ, LEONARD
4.3 STREET ADDRESS	950 SE 12th Street
4.4 CITY-ST-ZIP	HIALEAH, FL 33010
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SEE ATTACHED SHEET FOR ADDITIONAL OFFICERS
6.3 STREET ADDRESS	
6.4 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 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: *Rhonda S. Polk Asst. Secretary* DATE: *4/15/98* (305)889-6222

CR2E034 (10/97)