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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # K78233

POWER REAL ESTATE, INC.

Principal	Place	of Business

Mailing Address

3310 N.E. 33RD STREET FT. LAUDERDALE FL 33310

3310 N.E. 33RD STREET FT. LAUDERDALE FL 33310

## FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90132 011 \*\*\*150.00

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DO NOT WRITE IN THIS SPACE

					3. Date Incorporated or Qualifed				
					04/06/1989				
2. Principal Place of Business 2a. Mailing Address				4. FEI Number		Applied For			
21 26					65-0112706		Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		75 Additional e Required		
City & State City & State					6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees				
Zip				у	g. This corporation owes the current	ear Intangible			
24 25 29 30			o		Personal Property Tax.	☐ Yes	₩No		
g. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
•			81	81 NameGABRIEL PALOTAS					
CARSON ESQ, WAYNE			82						
7901	S W 36TH ST			82 Street Andress (P.O. Box Number is Not Acceptable)					
	ung Hills Center E FL 33328			Ft. Lauderdale, Fl					
			84	City		FL  85  3	<del>733</del> 08°		
44 Duminant	to the provisions of Sections 607 050	2 and 607 1508 Florida Statutes	the abov	re-named corn	poration submits this statement for the purp	ose of changin	ng its registered		
office or re	egistered agent or both in the State	of Florida. Such change was auth	orized by	the corporation	on's board of directors. I hereby accept the	e appointment a	as registered		
agent. I ai	nd familiar will, and accept the obliga	itions of, Section 607.0505, Florida	a Statute	s. Cabrial	l Palotas	1/20/00	ļ		
SIGNATURE	Signature, tyles tyles and name of registered age	nt and title if applicable. (NOTE: Re	egistered Age		ed when reinstating)	4/29/99 DATE	}		
12.		ID DIRECTORS	13.	an again	ADDITIONS/CHANGES TO OFFICE				
TITLE	PD STITLET	☐ DELETE	1,1 TITLE			☐ Cha			
NAME	PALOTAS, GABRIEL	<del>_</del>	1.2 NAME						
STREET ADDRESS	TALOTAO, GADITEL			T ADDRESS					
			1.4 CITY-						
CITY-ST-ZIP	V	☐ DELETE	2.1 TITLE	31-2II		XXCha	ange Addition		
\	_		2.2 NAME				-		
PALOTAS, SOTIN SIT			ET ADDRESS 3	3900 No. Ocean Blvd., #	∤14G				
STREET ADDRESS	100 000111 000111 000111		2. 4 CITY-		auderdale, By The Sea,		08		
CITY-ST-ZIP	POMPANO BEACH FL 33062	[7] DELETE	3.1 TITLE	31-24		☐ Cha	ange Addition		
· 1			3.2 NAME						
NAME				ET ADDRESS					
STREET ADDRESS			3.4. CITY-						
CITY-ST-ZIP		☐ DELETE	4.1 TITLE	31-41		Cha	ange		
		<u></u>	4. 2 NAME	.		_	· –		
NAME STREET ADDRESS			1	ET ADDRESS					
			4.4 CITY-	I					
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31-21		Cha	ange Addition		
NAME	•		5.2 NAME						
				ET ADDRESS			j		
STREET ADDRESS			5.4 CITY-	i					
CITY-ST-ZIP		DELETE	6.1 TITLE			Cha	ange		
			6.2 NAME				_		
NAME			F .	ET ADDRESS					
STREET ADDRESS			6.4 CITY-				,		
CITY-ST-ZIP	in the table in the second in	ith this films does not qualify for th			Section 119.07(3Vi) Florida Statutes Utur	ther certify that	the information		

I nereby 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 cath; that I am an officer or director of the corporation of 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 changes or man attackment with an address, with all other like empowered.

SIGNATURE:

FIRE REQUIRIGADITIES PALOTAS, Pres 4/29/99

GOOD RINTED PARTIES AND OFFICER OR DIRECTOR

Oato

954-568-0010

Daytime Phone #