

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 # L14832 ✓
1. Corporation Name
POWER POST, INC.

FILED
99 JUN 16 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	1901 W. CYPRESS CREEK RD	26	1901 W CYPRESS CREEK RD	9/7/89	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 600		27 SUITE 600		65-0158227	
City & State		City & State		Applied For	
23 FT LAUDERDALE, FL		28 FT LAUDERDALE, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33309		29 33309		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution	
25 US		30 US		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year intangible Personal Property Tax.	
				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
TOUSIGNANT, NORMAND		81 Name	
3599 SATIN LEAF CT		82 Street Address (P.O. Box Number is Not Acceptable)	
CORAL SPRINGS, FL 33065		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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	D	11 TITLE	
NAME	HARRIS, STAN	12 NAME	
STREET ADDRESS	11841 NW 11 ST	13 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL 33323	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	
NAME	COHEN, PHIL	22 NAME	200002912392--2
STREET ADDRESS	23105 VIA STEL	23 STREET ADDRESS	-06/22/99--01035--015
CITY-ST-ZIP	BOCA RATON, FL 33433	24 CITY-ST-ZIP	****558.75 ****558.75
TITLE	D	31 TITLE	
NAME	TOUSIGNANT, NORMAND	32 NAME	
STREET ADDRESS	3599 SATIN LEAF CT	33 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS, FL 33065	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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, with all other like empowered.

SIGNATURE: Normand Tousignant NORMAND TOUSIGNANT 5/12/99 954-771-1800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)