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Apr 30, 1999 8:00 am Secretary of State

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**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **L27672**

1. Corporation Name

POWERSOFT, INC.

| Principal Place  | e of Business   |  | Mailing Address         |  |  |   |  |               |               |           |              |              |                   |  |
|--|---|--|-------------------------|--|--|---|--|---------------|---------------|-----------|--------------|--------------|-------------------|--|
| 764 HERON RD   | ĺ   |  | 764 HERON RD            |  |  |   |  |               |               |           |              |              |                   |  |
| WESTON FL 33326  |   |  | WESTON FL 33326         |  |  |   | }  |               |               |           |              |              |                   |  |
| US ·   |   |  | US                      |  |  |   | DO NOT WRITE IN THIS SPACE                   |               |               |           |              |              |                   |  |
|  |   |  |                         |  |  |   | 3. D   | ate Incorpo   | prated or Qu  | ualifed   |              |              |                   |  |
|  |   |  |                         |  |  |   | 1 1  | 1/02/198      | 39            |           |              |              |                   | ļ  |
| 2 Principal Pl   | lace of Business  |  | 2a. Mailing Address     | :  |  |   |  | El Number     |               |           |              |              | Applied           | For  |
|  | idoo or business  |  | <b>⊢</b> *              | =  |  |   | 6  | 5-01537       | 58            |           |              |              | Not App           | licable                                      |
| 21)  | <del> </del>  |  | 26                      |  |  |   | <u>-                                    </u> | 0.0 1001      | <del></del>   |           |              | <b>\$9.7</b> | <b>5</b> Addition |  |
| Suite, Apt. #, etc.  |   | <b>⊢</b>                                   | Suite, Apt. #, etc.     |  |  | 5. C  | ertifcate of                                 | Status Des    | ired          |           | •            | Require      |                   |  |
| 22   |   |  | 27                      | ·  |  |   | _+   |               |               |           |              |              | <u> </u>          |  |
| City & State .   |   | City & State                               |                         |  |  |   | npaign Fina                                  | -             |               | •         | 00 May       |              |                   |  |
| 23   |   |  | 28                      |  |  |   | T  | rust Fund C   | Contribution  |           |              | Add          | ed to Fee         | es   |
| Zip  | Cor   | intry                                      | Zip                     | '  | Country  |   | 8. T   | his corpora   | tion owes th  | he curre  | nt year Inta |              | _                 |  |
| 24   | 25  |  | 29                      | 30   |  |   |  | ersonal Pro   |               |           | •            | Yes          |                   | ٥  |
| - 1  |   | dress of Current                           | Registered Agent        |  |  |   | 10. N  | lame and A    | Address of    | New R     | gistered /   | Agent        |                   |  |
|  |   |  |                         |  | 81   | Name  |  |               |               | •         |              |              |                   |  |
| PRIC   | E, MINDA  |  |                         |  |  |   | _  |               |               |           |              |              |                   |  |
|  | HERON ROAD  |  |                         |  | 82   | Street Addr   | iress (P.O                                   | Box Num       | ber is Not A  | Acceptat  | ole)         |              |                   | 1  |
|  | AUDERDALE FL 3  | 3336                                       |                         |  | -  |   |  |               |               |           |              |              |                   | <del>i</del>                                 |
| FIL  | MODERDALE IL 3  | 3320                                       |                         |  | 83   |   |  |               |               |           |              | •            |                   | \<br>  |
|  |   |  |                         |  | 84   | City  |  |               |               |           |              | 85 2         | Zip Code          |  |
|  |   |  |                         |  | امما   | City  |  |               |               |           | FL           | 65   1       | p 0000            |  |
| 44 Pursuant  | to the provisions of S  | Sections 607 0502                          | and 607.1508, Florida   | Statutes, th   | ne above   | -named corp   | poration s                                   | submits this  | statement     | for the p | urpose of    | changing     | its regis         | tered  |
| office or r  | poistared agent or h  | offs in the State of                       | Florida, Such change    | was authori  | ized by I  | the corporatio  | on's boar                                    | rd of directo | ors. I hereby | y accept  | the appoin   | tment a      | s register        | red  |
| agent. I a   | m familiar with, and  | ccept the obligation                       | ons of, Section 607.050 | )5, Florida S  | Statutes   |   |  |               |               |           |              |              |                   |  |
|  |   |  |                         |  | J.L.10101.   |   |  |               |               | 1/ 3      | 1 00         |              |                   |  |
| SIGNATURE  |   | rue_                                       |                         |  |  |   |  |               |               | 4-2       | 6-99         |              |                   |  |
| SIGNATURE  | Signature, typed or printed   | name of registered agent a                 |                         | (NOTE: Regist  | tered Agent  | t signature require   |  |               |               |           | 6-99<br>DATE |              |                   |  |
| SIGNATURE  | Signature, typed or printed   |  | DIRECTORS               | (NOTE: Regist  | itered Agent   |   |  |               | CHANGES :     |           |              |              |                   |  |
|  | Signature, typed or printed   | name of registered agent a                 |                         | (NOTE: Regist  | tered Agent  |   |  |               | CHANGES '     |           |              | D DIREC      |                   | N 12<br>Addition                             |
| 12.  | Signature, typed or printed   | name of registered agent a                 | DIRECTORS               | (NOTE: Regist  | itered Agent   |   |  |               | CHANGES '     |           |              |              |                   |  |
| 12.<br>TITLE   | Signature, typed or printed   | name of registered agent a                 | DIRECTORS               | (NOTE: Regist  | stered Agent  13. 1.1 TITLE  | t signature require   |  |               | CHANGES .     |           |              |              |                   |  |
| 12. TITLE NAME STREET ADDRESS  | DP<br>PRICE, MINDA<br>764 HERON RD  | name of registered agent a<br>OFFICERS AND | DIRECTORS               | (NOTE: Regist  | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET   | t signature require   |  |               | CHANGES '     |           |              |              |                   |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DP PRICE, MINDA 764 HERON RD FT LAUDERDALI  | name of registered agent a<br>OFFICERS AND | DIRECTORS DELE          | (NOTE: Regist  | tered Agent  1.1 TITLE  1.2 NAME  1.3 STREET  1.4 CITY-ST  | t signature require   |  |               | CHANGES       |           |              |              | nge 🔲             |  |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | DP PRICE, MINDA 764 HERON RD FT LAUDERDALL DV   | OFFICERS AND                               | DIRECTORS               | (NOTE: Regist  TETE 1  1  1  1  ETE 2  | 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE  | t signature require   |  |               | CHANGES       |           |              | ☐ Chan       | nge 🔲             | Addition                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP  | DP PRICE, MINDA 764 HERON RD FT LAUDERDALL DV MENENDEZ, RO                            | OFFICERS AND  EFL  DOLFO                   | DIRECTORS DELE          | (NOTE: Regist  TETE 1  1  1  1  1  2  2  2   | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME   | t signature require ADDRESS   |  |               | CHANGES       |           |              | ☐ Chan       | nge 🔲             | Addition                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | DP PRICE, MINDA 764 HERON RD FT LAUDERDALI DV MENENDEZ, RO 5000 SW 92ND               | OFFICERS AND  E FL  DOLFO  AVE             | DIRECTORS DELE          | (NOTE: Regist  TETE 1  1  1  1  1  2  2  2   | 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE  | t signature require ADDRESS   |  |               | CHANGES       |           |              | ☐ Chan       | nge 🔲             | Addition                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   | DP PRICE, MINDA 764 HERON RD FT LAUDERDALL DV MENENDEZ, RO                            | OFFICERS AND  E FL  DOLFO  AVE             | DIRECTORS  DELE         | (NOTE: Regist / 1  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME   | ADDRESS ADDRESS   |  |               | CHANGES       |           |              | ☐ Chan       | nge 🗆             | Addition                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  | DP PRICE, MINDA 764 HERON RD FT LAUDERDALI DV MENENDEZ, RO 5000 SW 92ND               | OFFICERS AND  E FL  DOLFO  AVE             | DIRECTORS DELE          | (NOTE: Regist / 1  | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREET<br>1.4 CITY-ST<br>2.1 TITLE<br>2.2 NAME   | ADDRESS ADDRESS   |  |               | CHANGES       |           |              | ☐ Chan       | nge 🗆             | Addition                                     |
| 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  | DP PRICE, MINDA 764 HERON RD FT LAUDERDALI DV MENENDEZ, RO 5000 SW 92ND               | OFFICERS AND  E FL  DOLFO  AVE             | DIRECTORS  DELE         | (NOTE: Regist  TE 1  1  1  1  1  TETE 2  2  2  2  ETE 3  | 13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST  | ADDRESS ADDRESS   |  |               | CHANGES       |           |              | ☐ Chan       | nge 🗆             | Addition                                     |
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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:

MUNDA PRE MINDA PREICE
NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954-384-0488