FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

NAME	, , , , ,	1996			y of State ORPORATIONS					
Principal Place of Business			L83759	(5)						
Assign Address 40 E SEMPAN BLVD 101 CASSELBERRY FL 32707 22 Introduct Posc of Business 23 Light Post of Business 24 Light Post of Business 25 Light Post of Business 26 Light Post of Business 27 Light Post of Business 28 Light Post of Business 29 Light Post of Business 20 Light Post of Business 21 Light Post of Business 22 Light Post of Business 23 Light Post of Business 24 Light Post of Business 25 Light Post of Business 26 Light Post of Business 27 Light Post of Business 28 Light Post of Business 29 Light Post of Business 20 Light Post of Business 21 Light Post of Business 22 Light Post of Business 23 Light Post of Business 24 Light Post of Business 25 Light Post of Business 26 Light Post of Business 27 Light Post of Business 28 Light Post of Business 28 Light Post of Business 29 Light Post of Business 29 Light Post of Business 20 Light Post of Business 27 Light Post of Business 28 Light Post of Business 29 Light Post of Business 29 Light Post of Business 20 Light P	POWE	ERSTAR ELECT	RONICS INC.							
AD E SEMPAN BUD PLOCETANT TO CONSELLER PRIVATE ADVISOR ON THE SPRINGS F. 1970 BUT SEED FOR THE SECOND OF THE SECON							# 1 1 # 1 1 			in alah dian kac
P	Principal Place	of Business		Mailing Address						
# 100 CRESCHERRY FL 22707 US 2. Principal Page of Business 2. Principal Page of Business 3. Cuto Incorporated or Quartied 36. Date of Lest Report 06/28/1990 2. Principal Page of Business 2. Principal Page of Business 2. Suite, April 6, etc. 2.	•			•						
US	#103			1101 CHEETAH TR						
2. Principal Place of Ebushinss 2. 1430 F. S. S. EMPOYAL BLUC. 26 P. O. BOX 3580 2. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Tale comported in sale bibling for interangular tax writers 199 0332 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. Suite, Ant. R. etc. 27 P. O. BOX 3580 3. The comported interal bibling for interangular tax writers 199 0332 3. Suite, Ant. R. etc. 27 P. D. BOX 3580 3. The comported interal bibling for interalgelia tox writers 199 0332 3. Suite Address of Current Registered Agent 3. Surrent Address of New Registered Agent 3. Surrent Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 4. D. Name and Address of New Registered Agent 5. Certificate of Saltutes 5. Creation Community and Saltutes 5. The Address of New Registered Agent 5. Control of Saltutes 5. Creation Community and Saltutes 5. The Address of New Registered Agent 5. Control of Saltutes 6. Election Canadation of Saltutes 6. Election Canadation Control of Saltutes 6. Election Canadation 6. Election Canadatio		THI FL 32/0/			2708					
22 13 O F S emoran Blood 28 P.O. Box 3580 NOT APPLICABLE Not Applicated Status Desired Status Desired Des	2. Principal Pla	and of Business		2a Mailina Addressa				1		
Solide, Apt. #, etc. Status Desired	ขาปลุก ย	= SOMO	an Blud, 2		3580				⊢	
Coy & State Coy & State C	Suite, Apt. #	#, etc.		Suite, Apt. #, etc.				re/	\$8.75	Additional
28 Cas Selbern F. 28 Wirter Springs F. Trust Fund Confinuation Added to Feed	e Jui	re Lus	2	 				<u>ya</u>		
Zp			F1. 2		rings. Fl					
9. Name and Address of Current Registered Agent Dowers, MARION 1119 ERMINE AVE 25 25 27 27 28 27 27 28 27 28 28	Zip	1 03u			Country	`				
BI Name DOWERS, MARION 1119 ERMINE AVE WINTER SPRINGS FL 32708 B3 City FL 85 Zip Code City	<u>4 كيارا</u>	9. Name and Add	CYYLOY) OIC 2	9 S2708	30 Zemino	ne_		_	Anoni	
DOWERS, MARION 1119 ERMINE AVE WINTERSPRINGS FL 32708 83 44 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-harned corporation submits this statement for the purpose of changing its 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 egent. I am familiar with, and accept the obligations of, Section 607.0502, Florida Statutes, the above-harned corporation submits this statement for the purpose of changing its registered egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-harned corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-harned corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-harned corporation's board of directors. I hereby accept the appointment as registered egent. I am familiar with a provide agent and see a submit as registered egent. I am familiar with a provide agent agent and see a submit as registered egent. I am familiar with a provide agent agent and see a submit as registered egent. I am familiar with a provide agent agent and see a submit as registered egent. I am familiar with a provide agent agent and see a submit as registered egent. I am familiar with a provide agent agent and see a submit as registered egent. I am familiar with a provide agent agent and see a submit as registered egent. I am familiar with a provide agent age	Pou			J. O.	81 Name		IV. Name and Address of New A	aAistacan	Agent	
### TITLE ### POWERS, CHARLES M. SR. 1119 ERMINE AVE WINTER SPRINGS FL 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 14. OFFICERS AND DIRECTORS 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 16. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 17. OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. OFFICERS AND DIRECTORS 11. TITLE 11. TITLE 11. TITLE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. OFFICERS AND DIRECTORS IN 12 17. OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. TITLE 10. OFFICERS AND DIRECTORS IN 12 10. DELETE 11. TITLE 11. TITLE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CONTY ST. ZPP WINTER SPRINGS FL 14. CONTY ST. ZPP WINTER SPRINGS FL 15. STREET ADDRESS WINTER SPRINGS FL 16. TITLE 17. TITLE 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 19. Change Addition 11. TITLE 10. Change Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE 10. Change Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE 10. Change Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE 10. Change Addition 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 11. TITLE 10. Change Addition 11. TITLE 10. Change Addition 11. TITLE 10. Change Addition 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. CONTROL TO THE ADDITIONS AND THE AD	DOWER	rs, Marion			82 Street	Addres	s (P.O. Box Number is Not Acceptable	e)		
### City ### FL ### 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 or 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. Land samiliar with, and accept the obligations of, Section 607.0506, Florida Statutes SIGNATURE Signature head or printed name of registered agent and this in ageloaties. Profite signature required were rare along: 12.						7100103	of to box humber is not acceptable			
## 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 or 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. Fan familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. ### Signature, typed or prietor name of registered agent	WINTER	RSPRINGS FL 327	08		83		,			
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 or registered agent, no both, in the State of Florida Subtochange was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE 12.					84 City				85 Zis	p Code
SIGNATURE Styrature typed or printed rasmo of registered agent and life flagsteable. NOTE Registered Agent signature required agent agent signature required rasmo of registered agent agent signature required agent signature required agent agent signature required agent agent signature required agent agent signature required agent signature required agent agent signature required agent signature required agent signature required agent agent signature required agent agent signature required agent agent signature required agent signature req	11. Pursuant to	o the provisions of Se	ctions 607.0502 and	607.1508, Florida Statutes.	the above-named c	orporati	on submits this statement for the num			enistered office
Stynethre, typed to purifical name of registered against and time if acceleable. NOTE Projected Against soprative required when reins along. DATE	OI (ERISTEIE	su agent, or pour, in i	ne state di Fidhua. S	ion change was authorized.	by the corporation's	board	of directors. I hereby accept the appo	ointment as	registered	agent. I am
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D POWERS, MARION D. M. 119 ERMINE AVE CITY-ST-ZIP TITLE D CHANGE POWERS, CHARLES M. SR. 1119 ERMINE AVE WINTER SPRINGS FL DELETE D CITY-ST-ZIP TITLE D CHANGE CITY-ST-ZIP TITLE D CHANGE DELETE D CHANGE Addition CHANGE CHAN		, , , , , , , , , , , , , , , , , , , ,								
D DELETE 1.1TITLE 12 NAME POWERS, MARION D. M. 13 STREET ADDRESS OTTY-ST-ZIP WINTER SPRINGS FL 24 CHY-ST-ZIP WINTER SPRINGS FL 25 CHY-ST-ZIP WINTER SPRINGS FL		Signature, typed or printed ria				required w				
NAME POWERS, MARION (D.) M. SIREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL D DELETE 21 TITLE D DELETE 21 TITLE D DELETE 21 TITLE SIRRET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL UITHE D DELETE 21 TITLE SIRRET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL UITHE D DELETE 31 TITLE D DELETE 31 TITLE D DELETE 31 TITLE D DELETE 32 TOX Addition Powers, CHARLES M. JR. 1119 ERMINE AVE 23 STREET ADDRESS CITY-ST-ZIP WINTER SPRINGS FL UITHE D DELETE 31 TITLE DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 41 TITLE AMME STREET ADDRESS CITY-ST-ZIP DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE CHARGE ADDRESS CITY-ST-ZIP DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE CHARGE ADDRESS CITY-ST-ZIP DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE DELETE 51 TITLE CHARGE ADDRESS CITY-ST-ZIP DELETE 51 TITLE CHARGE ADDRESS CITY-ST-ZIP DELETE 51 TITLE D	т	D	OFFICERS AND DIF			Τ	, ,			
14 CHY-ST-ZIP WINTER SPRINGS FL	NAME					Pc	wers, Marion 1	M. '	EJ o kango	
14 CHY-ST-ZP	STREET ADDRESS				1.3 STREET ADDRESS	liu	9 Ermine Ave	<u>.</u>		
NAME POWERS, CHARLES M. SR. 22 NAME 23 STREET ADDRESS CITY-SI-ZIP WINTER SPRINGS FL 24 CITY-SI-ZIP Change Addition Additi	~~~		NGS FL	FT being		ω	linter Springs, I	Fl. 3	<u>1270</u>	-
1119 ERMINE AVE	Į.	_	ADIEC M CD	☐ DELETE			1 3	[Change	Addition
CITY - S1 - ZIP					1					
NAME	1									
1119 ERMINE AVE	TITLE	_		☐ DELETE	3 1 TITLE			[Change	Addition
STREET ADDRESS STRE	- 1				3.2 NAME					
DELETE					1		•			
Additio		WINTER OF NI	100 FL	☐ DELETE				F	Change	- Addition
A STREET ADDRESS A STREET ADDRESS A 4 CITY - ST - ZIP ADDRESS A 4 CITY - ST - ZIP ADDRESS AD				_ >=====				L	_i nivanÿe	FT VOOIGON
DELETE	STREET ADDRESS									
53 STREET ADDRESS 53 STREET ADDRESS				☐ DELETE					Change	Addition
	1									
				DELETE				Г	☐ Channe	Addition .
■ A FILITIFE	NAME			_	6.2 NAME			_		
STREET ADDRESS 6.3 STREET ADDRESS	STREET ADDRESS				6.3 STREET ADDRESS					
CITY-ST-ZIP 64 CITY-ST-ZIP					6.4 CITY - ST - ZIP	L.,				
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)(k). 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 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	14. I do hereby certify that f	r certify that the inforn the information indica	nation supplied with th t y d on this annual rec	is filing is voluntarily furnish ort or supplemental annual	ed and does not qua report is true and ac	alify for to	he exemption stated in Section 119.0 and that my signature shall have the	17(3)(k), Flo	rida Statute	es. I further

- Marion M. Powers 4-1-96

- Marion M. Powers 4-1-96

- Date Date SIGNATURE: Maxio