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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L83759** (5)

1. Corporation Name

POWERSTAR ELECTRONICS INC.



Principal Place of Business

**430 E SEMORAN BLVD
#103
CASSELBERRY FL 32707
US**

Mailing Address

**P O BOX 3580
1101 CHEETAH TR
WINTER SPRINGS FL 32708
US**

3. Date Incorporated or Qualified

06/28/1990

3a. Date of Last Report

02/28/1995

2. Principal Place of Business

2a. Mailing Address

21 **430 E. Semoran Blvd.**

26 **P.O. Box 3580**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite #208**

Suite, Apt. #, etc.

23 **Casselberry, FL.**

28 **Winter Springs, FL.**

City & State

City & State

24 **32707**

25 **Seminole**

29 **32708**

30 **Seminole**

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Powers
DOWERS, MARION
1119 ERMINE AVE
WINTERSPRINGS FL 32708**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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 reins. filing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE
NAME **POWERS, MARION D. M.**
STREET ADDRESS **1119 ERMINE AVE**
CITY-ST-ZIP **WINTER SPRINGS FL**

1.1 TITLE
1.2 NAME **Powers, Marion M.** ☒ Change ☐ Addition
1.3 STREET ADDRESS **1119 Ermine Ave.**
1.4 CITY-ST-ZIP **Winter Springs, FL. 32708** ☐ Change ☐ Addition

TITLE **D** ☐ DELETE
NAME **POWERS, CHARLES M. SR.**
STREET ADDRESS **1119 ERMINE AVE**
CITY-ST-ZIP **WINTER SPRINGS FL**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **POWERS, CHARLES M. JR.**
STREET ADDRESS **1119 ERMINE AVE**
CITY-ST-ZIP **WINTER SPRINGS FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Marion M. Powers - Marion M. Powers **4-1-96** **407-331-7771**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/1 me Phone #

CR2E034 (12/95)