

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

FILED
May 01 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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
SUITE E208
CASSELBERRY FL 32707
US

Mailing Address

P O BOX 3580
WINTER SPRINGS FL 32708
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1990

4. FEI Number

59-3018486

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.



Yes



No

2. Principal Place of Business

21 1053 North Orlando Avenue

Suite, Apt. #, etc.

22 Suite 1

City & State

23 Maitland, Florida

Zip

24 32761

Country

25 Orange

2a. Mailing Address

26 1053 North Orlando Avenue

Suite, Apt. #, etc.

27 Suite 1

City & State

28 Maitland, Florida

Zip

29 32761

Country

30 Orange

9. Name and Address of Current Registered Agent

POWERS, MARION
1119 ERMINE AVE
WINTERSPRINGS FL 32708

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME POWERS, MARION M.

STREET ADDRESS 1119 ERMINE AVE

CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☐ DELETE

NAME POWERS, CHARLES M. SR.

STREET ADDRESS 1119 ERMINE AVE

CITY-ST-ZIP WINTER SPRINGS FL

TITLE D ☐ DELETE

NAME POWERS, CHARLES M. JR.

STREET ADDRESS 1119 ERMINE AVE

CITY-ST-ZIP WINTER SPRINGS FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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.

SIGNATURE *Marion M. Powers*

06-24-98 4025003022

CR2E034 (10/97)