

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 JUL -5 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048392 (3)

1. Corporation Name

POWERCISE, INC.

Principal Place of Business

**101 WYMORE RD. S-327
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**101 WYMORE RD. S-327
ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/02/1993	3a. Date of Last Report 04/27/1994
4. FEI Number 59-3236766 APPLIED FOR	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election to Participate in Federal Trust Fund Contributions ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under § 199.002, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. County	29. County

9. Name and Address of Current Registered Agent

**PENNY PRICE, J.
101 WYMORE RD, S-327
ALTAMONTE SPRINGS FL 32714**

10. Name and Address of New Registered Agent

81. Name Michael J. Gerrity	85. Zip Code 32714
82. Street Address (P.O. Box Number is Not Acceptable) 101 Wymore Road, ste 327	
83. City Altamonte Springs FL	

11. Pursuant to the provisions of Sections 607.0502 and 607.1501, Florida Statutes, the above-named 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 agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* as President (Michael J. Gerrity) 6/22/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL REGISTERED AGENTS	
1. TITLE PSD	1. NAME P.S.T. D.M.	2. TITLE Michael J. Gerrity	2. NAME Michael J. Gerrity
2. NAME PENNY PRICE	3. STREET ADDRESS 101 Wymore Rd, ste 327	3. STREET ADDRESS 101 Wymore Rd, ste 327	3. STREET ADDRESS 101 Wymore Rd, ste 327
3. STREET ADDRESS 101 WYMORE RD, STE. 327	4. CITY, ST, ZIP Altamonte Springs, FL 32714	4. CITY, ST, ZIP Altamonte Springs, FL 32714	4. CITY, ST, ZIP Altamonte Springs, FL 32714
4. CITY, ST, ZIP ALTAMONTE SPRINGS FL 32714	5. TITLE	5. TITLE	5. TITLE
5. TITLE TD	6. NAME	6. NAME	6. NAME
6. NAME MICHAEL J. GERRY	7. STREET ADDRESS	7. STREET ADDRESS	7. STREET ADDRESS
7. STREET ADDRESS 101 WYMORE RD, STE. 327	8. CITY, ST, ZIP	8. CITY, ST, ZIP	8. CITY, ST, ZIP
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information submitted on this annual report or supplementary 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 of Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]* as President 6/22/95
SIGNATURE AND TYPE OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
(403) 869-6767

CR2E034 (3/95)