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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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Apr 22 1997 8:00am

Secretary of State

A ARBEMARDA TAN KRANTO CENER ROBETT MOTEL ARBEMA NATUR KANTO KRANTO KANTO KENDAR BEMARA IANGA FANTA IANGA

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000087618 (3)

## POWERTEC LIGHTNING PROTECTION, INC.

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Principal Place of Business			Mailing Address					ing bring both 16	*** ***********************************	184 1941 1891
5462 Hoffner ave. BTE 505 Drlando Fl. 32812			5482 HOFFNER AVE. STE 505 Orlando Fl. 32812-2522			ľ				
										_
JS			US				Date Incorporated or Quali		Date of Last	Report
							12/22/1993	0	<u>4/30/1996</u>	
. Principal Pl	lace of Business	<b>j</b>	2a. Mailing Address			4.	FEI Number		} <del>-</del>	pplied For
L	# etc		Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·		59-3216368			lot Applicat Additional
Janes, right	.,	   12	7			5.	Certificate of Status Desire	id 🔲		Ruditional
City & State	6	<del></del>	City & State	***************************************		6.	Election Campaign Financi	ing	\$5.00	May Be
<u></u>		2	8				Trust Fund Contribution			to Fees
- <b>Ζ</b> ιρ 1	Cour	· ' -	Zip	Count	У		This corporation has liabilit			s. <b>199</b> ,032,
	25		9	30			Florida Statutes  Name and Address of Ne	☐ Yes	∐ No	<u>-</u>
		ress of Current Re	gistereo Agent	8	I Name		Name and Address of Ne	w Hegistere	o Agent	.,
	ITER, GARY L 2 HOFFNER AVE.			[-						
	ANDO FL 32822			B	Street	Address (P.	O. Box Number is Not Acc	eptable)		
- ONL	ANDO I E DEDEE			8:	3					
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				8	1 '			F	_   -   '	Code
. Pursuant	to the provisions of Se	ections 607.0502 an	d 607.1508, Florida St	atutes, the abo	ve-named	corporation	n submits this statement for oard of directors. I hereby	the purpose	of changing	its register
office or n	egistered agent, or bo mitamiliar with land a	oth, in the State of F accept the obligation	lorida. Such change w s of. Section 607.0505	as authorized t . Florida Statute	oy the corp as.	poration's b	oard of directors. I hereby	accept the a	ppointment a	s registered
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CNATHOE										
CNATHOE	Signature, typics or printed na	ime of registered agent and	Little if applicable	NOTE: Registered A	gent signature	e required when	reinstating)	DATE		
IGNATURE		one of registered agont and OFFICERS AND DI	RECTORS	13.			reinstating) ADDITIONS/CHANGES TO		ND DIRECTO	
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