1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006110

1. Corporation Name

POWRPAD SOUTHERN, INC.

_									
Principal Place of Business Mailing Address						, , , , , , , , , , , , , , , , , , , ,			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
1100 NW 53 STREET 1100 NW 53 STREET									
FT. LAUDERDALE FL 33309 FT LAUDERDALE FL 33309					Ì	DO NOT WRITE	E IN THIS	SPACE	
us us					-	3. Date Incorporated or Qualifed			
					- 1	01/26/1994			
2 Dringing O	lace of Business	2a. Mailing Address			-+	4. FEI Number		— ∏Ar	oplied For
— <u>−</u> 1 '	lace of business	— ~				65-0463109			ot Applicable
21 Cuito Ant	# oto	26 Suite, Apt. #, etc. 27 Bay 4			-+	00 0400 109			Additional
Suite, Apt. #, etc.		Bay 4		.	5. Certificate of Status Desired	<u> </u>		equired	
City & State		City & State			6. Election Campaign Financing		\$5 00	May Be	
		28			Trust Fund Contribution			to Fees	
23 Zip	Country	Zip	Country		-+	This corporation owes the current	nt voor Ints		
		29 30	ı .		-	Personal Property Tax.	п уфагина	Yes	™ No
24	9. Name and Address of Current	_ 				10. Name and Address of New Re	alstered /		7
	9. Name and Address of Current	Kadistalan Malit	81	Name		io, name and taches of their tra	3		
NARCUS, DEBORAH									
	O SW 16TH COURT		82	Street A	Address	(P.O. Box Number is Not Acceptab	ole) "	٠,	
	E FL 33325		83						
			63	}		• • • •	. ' , .	=	•
4 . 7 . 5		84	84 City			FI	85 Zip	Code	
SIGNATURE	m familiar with, and accept the obligation Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: Rec	gistered Age		equired wh	en reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AN		
TITLE	PSD	☐ DELETE 1.1 ft		ł				Change	☐ Addition
NAME	NARCUS, DEBORAH		1.2 NAME	İ					ļ
STREET ADDRESS	13410 SW 16TH COURT 1.3 ST		1.3 STREE	TADDRESS					
CITY-ST-ZIP			1,4 CITY-S	T-ZIP					
TITLE			2.1 TITLE					Change	☐ Addition
NAME			2.2 NAME						}
STREET ADDRESS	13410 SW 16TH COURT		2.3 STREE	TADDRESS					~
CITY-ST-ZIP	DAVIE FL 33325		2. 4 CITY-5	ST-ZiP					
TITLE		☐ DELETE	3.1 TITLE					Change	Addition
NAME			3.2 NAME				•	•	
STREET ADDRESS			3.3 STREE	TADDRESS					
CITY-ST-ZIP		•	3.4, CITY-5						
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4, 2 NAME	l					l
STREET ADDRESS				T ADDRESS					
			4.4 CITY-S						}
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1 - L 17				☐ Change	☐ Addition
NAME			5.2 NAME						j
		i		TADORESS					
STREET ADORESS			5.4 CITY-S	1					. 1
CITY-ST-ZIP		☐ DELETE	6.1 TITLE					Change	Addition
1		_ 0222.2	6.2 NAME						_
NAME	İ								

14. Thereby 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STONE DIR CONTRED

Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90065 017 ***150.00