

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 07 1997 8:00am  
Secretary of State

DOCUMENT # **P94000008289 (8)**

1. Corporation Name

**SBT POWERHOUSE, INC.**



Principal Place of Business

**8722 W SAMPLE RD  
CORAL SPRINGS FL 33065  
US**

Mailing Address

**1913 N.W. 97TH TERRACE  
CORAL SPRINGS FL 33071-5956**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**24** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**29** Country

3. Date Incorporated or Qualified

**02/02/1994**

3a. Date of Last Report

**05/20/1996**

4. FEI Number

**65-0464857**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**\*BENNETT, LINDA J  
1913 N.W. 97TH TERRACE  
CORAL SPRINGS FL 33071**

10. Name and Address of New Registered Agent

**81** Name **Lewis W. Currier III**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**7966 SW 6 ST.**

**83**

**84** City **N. Lauderdale**

**FL**

**85** Zip Code  
**33068**

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

*Linda Bennett*

*Lewis W. Currier III*

**4/9/97**

(Signature, typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

**1.1** TITLE **D** ☐ DELETE  
**1.2** NAME **BENNETT, LINDA J**  
**1.3** STREET ADDRESS **1913 N.W. 97TH TERRACE**  
**1.4** CITY - ST - ZIP **CORAL SPRINGS FL 33071**

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

**3.1** TITLE ☐ DELETE  
**3.2** NAME  
**3.3** STREET ADDRESS  
**3.4** CITY - ST - ZIP

**4.1** TITLE ☐ DELETE  
**4.2** NAME  
**4.3** STREET ADDRESS  
**4.4** CITY - ST - ZIP

**5.1** TITLE ☐ DELETE  
**5.2** NAME  
**5.3** STREET ADDRESS  
**5.4** CITY - ST - ZIP

**6.1** TITLE ☐ DELETE  
**6.2** NAME  
**6.3** STREET ADDRESS  
**6.4** 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 do 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 or on an attachment with an address.

SIGNATURE:

*Linda Bennett*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/9/97**

Date

**(954) 796-4620**

Daytime Phone #

0155876

CR2E034 (9/96)