

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

55 MAY -1 AM 9:55

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Barbara E. Marston
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000016115 (5)

1. Corporation Name
POWERCITY CORP.

Principal Place of Business Mailing Address

**3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131**

**3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report
03/01/1994

4. FEI Number Applied For
65-0470139 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing **\$5.00** May Be Added to Fees
Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032, 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 Country Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent

**BERMAN, NEIL J
3400 ONE BISCAYNE TOWER
2 S. BISCAYNE BLVD.
MIAMI FL 33131**

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 _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE: **P/V/T/S/D/C**

NAME: **Steve Torrence**

STREET ADDRESS: **22783 S. State RD 7 Ste 58**

CITY ST ZIP: **Boca Raton, FL 33428-5427**

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY ST ZIP: _____

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY ST ZIP: _____

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY ST ZIP: _____

TITLE: _____

NAME: _____

STREET ADDRESS: _____

CITY ST ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE: **Please add** Change Addition

12. NAME: _____

13. STREET ADDRESS: _____

14. CITY ST ZIP: _____

21. TITLE: _____ Change Addition

22. NAME: _____

23. STREET ADDRESS: _____

24. CITY ST ZIP: _____

31. TITLE: _____ Change Addition

32. NAME: _____

33. STREET ADDRESS: _____

34. CITY ST ZIP: _____

41. TITLE: _____ Change Addition

42. NAME: _____

43. STREET ADDRESS: _____

44. CITY ST ZIP: _____

51. TITLE: _____ Change Addition

52. NAME: _____

53. STREET ADDRESS: _____

54. CITY ST ZIP: _____

61. TITLE: _____ Change Addition

62. NAME: _____

63. STREET ADDRESS: _____

64. CITY ST ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110 (17)(9)(A), 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: _____ **4/30/95** **407-477-6556**

TITLE: _____