


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

FILED

Mar 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000026509 (7)			
1. Corporation Name MORE POWER TO YOU INC.			
Principal Place of Business 649 N.W. 72ND ST. MIAMI FL 33150 US		Mailing Address 649 N.W. 72ND ST. MIAMI FL 33150 US	
2. Principal Place of Business 21 3749 OAK RIDGE LANE Suite, Apt. #, etc.		2a. Mailing Address 26 3749 OAK RIDGE LANE Suite, Apt. #, etc.	
22 City & State 23 WESTON FL		27 City & State 28 WESTON FL	
24 Zip 33331		29 Zip 33331	
9. Name and Address of Current Registered Agent BRENNUS, STEVE 2925 N.W. 9TH TERRACE FT. LAUDERDALE FL 33311		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 Signature, typed or printed name of registered agent and to whom applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINS, DENNIS S 3003 TERRAMAR ST. APT 1601 FT. LAUDERDALE FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	Change Addition NA PO BOX 817268 HOLLYWOOD, FL 33081
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRENNUS, STEVE 2925 N.W. 9TH TER. FT. LAUDERDALE FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition 3749 OAK RIDGE LANE WESTON, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

14. I 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 if changed or on an attachment with an address.

SIGNATURE:

3/23/98 954-385492

CR2E034 (10/97)