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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Apr 10 1998 8:00am

Secretary of State

DOCUMENT # P9400030518 (2)

POWERSTAFF CORPORATION					
				A PROGRAM PER NAME AND PROGRAM ARMS ARMS ARMS	() (
<u> </u>		·	·		
Principal Plac	e of Business	Mailing Address			1111 00101 01131 1100+1611 1001
111 2ND AVE NE 111 2ND AVE NE					
SUITE 1501 SUITE 1501 ST. PETERSBURG FL 33701 ST. PETERSBURG FL 33701			•	DO NOT WRITE IN THE	S SPACE
US	ong 12 55/01	US	•	3. Date Incorporated or Qualified	7 01 7 10 2
				04/18/1994	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21	·	26		59-3248167	Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27	· · · · · · · · · · · · · · · · · · ·	3. Certificate of Status Desirety	Fee Required
City & State	Ð	City & State		6. Election Campaign Financing	\$5.00 May Be
23	Country	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	[25] g, Name and Address of Curren	29 3 t Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
Eic		Trogratorou Agoric	81 Name	ID. Hallie Blid Addless of Hew Hegistere	Agent
	Ke, neal e. I 2nd ave ne				
	TE 1501		82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	PETERSBURG FL 33701		83		
			84 City	-	85 Zip Code
44 Diverget	to the provisions of Sections 607 050	and 607 1500 Flacida Ctatutos	the above named and	FI FI	
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 registored age:	NEA!	L FISKE - DIA Registered Agent signature require	RECTOR 3-2	5-98
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	CEO	DELETE	1.1 TITLE	, as the state of	☐ Change ☐ Addition
NAME	ROSS, HAROLD		1.2 NAME		
STREET ADDRESS	18216 CLEAR LAKE DRIVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LUTZ FL 33549		1.4 CITY - ST - ZIP		
TITLE	CO	DELETE	2.1 TITLE		Change Addition
NAME	CRIPPEN, ROY		2.2 NAME		
STREET ADDRESS	113 2ND STREET N WEST		2.3 STREET ADDRESS		
CITY-ST-ZIP	RUSKIN FL 33570		2.4 CITY - ST - ZIP		
TITLE	P	DELETE	3.1 TITLE		Change Addition
NAME	FISKE, NEAL E.		3.2 NAME		
STREET ADDRESS	6311 PASADENA POINT BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	GULFPOINT FL 33704		3.4. CITY-ST-ZIP		
TITLE	8	DELETE	4.1 TITLE		Change Addition
NAME	FRATELLO, MARC J		4. 2 NAME		
STREET ADDRESS	820 COLUMBUS DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	TIERRE VERDE FL 33715	Deleti	4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	51 THLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETÉ	5.4 CITY - ST - ZIP		Change Ladge:
TITLE		☐ herese	6.1 TITLE		Change Addition
NAME STORET ADDORGO			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 supplied 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 of 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, and that my name address.

CIONATUDE: