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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

## **FILED** May 13 1997 8:00am Sacratory of State

	1997	D	Secreta IVISION OF C	ry of Stai CORPOR		IS	Secreta	Iy O.	ιδι	ale	
	MENT # <b>P94(</b> M POWER PRODUCT		(8)								
Principal Place of Business  6/72 GALLE CT.  ORLANDO FL 23328-6  US  Mylling Address  672 GALLE CT  ORLANDO FL 23328-8  US											
	1	,	<u> </u>				3. Date Incorporated or Qualified 09/16/1994	3a. Date 06/13		eport	
2. Principal F	ace of Fusiness	2a. Mailing	Address				4. FEI Number		Ap	plied For	
Suite, Apt. i	#, etc	26 Suite, Ar	pt. #, etc.			.· <del>·······</del> -···	59-3264950			t Applicable Additional	
2		27					Certificate of Status Desired		Fee Re	<u> </u>	
City & State	<b>)</b>	City & Si	tate				Election Campaign Financing     Trust Fund Contribution		\$5.00 Added t		
Zip	Country	Zip		<del> </del>	untry		8. This corporation has liability for		cunder s.		
4	25 9. Name and Address of	29 Current Registered Are	ent	30	т		Florida Statutes  10. Name and Address of New Re	Yes D			
SMA	LL, MICHAEL G				81	Name					
6872	GALLE CT				82	Street Add	fress (P.O. Box Number is Not Accepta	ole)			
ORL	ANDO FL 32818				83		·				
Þ						City		FLI	'	Code	
SIGNATURE	to the provisions of Sections to egistered agent or both, in the transfer with, and accept the formalise types of printed name of reg.	all					poration submits this statement for the ation's board of directors. I hereby acceured when reinstating)	purpose of cr pt the appoir	iment as	registered	
12.		ERS AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFI				
TITLE NAMe	SMALL, MICHAEL	L	DEFELE	1,1 T	TITLE NAME			<u>L.</u>	] Change	Addition	
STREET ADDRESS	6872 GALLE CT			1	STREET AL	odress					
C17 Y - S1 - 21F	ORLANDO FL			1.40	CITY-ST-	ZIP					
TITLE		[	DELETE	2.1 T				Ĺ	J Change	Addition	
NAME STREET ADDRESS					name Street al	DDRESS					
CITY - S1 - 717					CITY-ST-	- 1					
TITLE			] DELETE	317			•••		Change	Addition	
NAME STREET ADDRESS					NAME Street al	DDRESS					
C(TY - ST - ZIP					CITY-ST-	- 1					
TITLE			DELETE	4.11					Change	Addition	
NAME STREET ADDRESS					name Street al	nnress					
CHY-ST-ZIP					CITY-ST-						
TALE		[	DELETE	5.1 1					Change	☐ Addition	
NAME					NAME						
STREET ADDRESS					STREET AL						
LUTE CULA-21-50.			DELETE	5.4 L	CITY-ST- TITLE	£IF	·····		Change	Addition	
NAME				6.21	NAME						
STREET ADDRESS				6.3 5	STAEET AL	DDRESS					
CITY - ST - ZIP	ov cortify that the information	supplied with this filling a	logs not quali	640	CITY-SI-	ZIP	ed in Section 119 07/3Vi) Florida Statut	as   further o	ertify that	the .	
information Lam an of appears in	n indicated on this annual rel flicer or director of the corpoi r Block 12 or Block 13 if cha	port or supplemental ann ration or the receive for tr nged of the an attachmen	ual report is t rustee empoy pt yith malk	rue and vered to dress.	accura	ate and the	ed in Section 119.07(3)(i), Florida Statuk at my signature shall have the same leg out as required by Chapter 607, Florida	al effect as if Statutes; and	made une that my r	der oath; that name	

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