SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **P95000001045 (0)**

1. Corporation Name
H.I.S. POWER, INC.

Principal Place of Business	Mailing Address
5365 W ATLANTIC AVE SUITE 505 DELRAY BEACH FL 33484	5365 W ATLANTIC AVE SUITE 505 DELRAY BEACH FL 33484

3. Date Incorporated or Qualified: 01/05/1995
3a. Date of Last Report:
4. FEI Number: ☑ 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

2. Principal Place of Business	2a. Mailing Address
21 6211 Appaloosa Trail	26 6211 Appaloosa Trail
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 Ft. Lauderdale, FL	28 Ft. Lauderdale, FL
24 Zip 33330 / 25 Country USA	29 Zip 33330 / 30 Country USA

9. Name and Address of Current Registered Agent

SKRLD INC
201 ALHAMBRA CIR SUITE 1102
CORAL GABLES FL 33134

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 Laura Breig - President Laura Breig DATE
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent's signature required where indicated)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☑ DELETE	1.1 TITLE	President/Secretary	☐ Change ☑ Addition
NAME	LONG, JOHN		1.2 NAME	Laura Breig	
STREET ADDRESS	5365 W ATLANTIC AVE SUITE 505		1.3 STREET ADDRESS	6211 Appaloosa Trail	
CITY-ST-ZIP	DELRAY BEACH FL 33484		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33330	
TITLE	DVS	☑ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BREIG, CHARLES		2.2 NAME		
STREET ADDRESS	7161 NW 74TH ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33166		2.4 CITY-ST-ZIP		
TITLE	VT	☑ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BREIG, JAMES		3.2 NAME		
STREET ADDRESS	5365 W ATLANTIC AVE SUITE 505		3.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BEACH FL 33484		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Laura Breig Laura Breig 8-23-96 680-3957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #