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
5365 W ATLANTIC AVE SUITE 505
DELRAY BEACH FL 33484

Mailing Address
5365 W ATLANTIC AVE SUITE 505
DELRAY BEACH FL 33484

3. Date Incorporated or Qualified: **01/05/1995**
3a. Date of Last Report:

2. Principal Place of Business
21 6211 Appaloosa Trail
Suite, Apt. #, etc. 22
23 City & State: Ft. Lauderdale, FL
24 Zip: 33330 25 Country: USA

2a. Mailing Address
26 6211 Appaloosa Trail
Suite, Apt. #, etc. 27
28 City & State: Ft. Lauderdale, FL
29 Zip: 33330 30 Country: USA

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

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
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required where required change) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	LONG, JOHN	
STREET ADDRESS	5365 W ATLANTIC AVE SUITE 505	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	DVS	✓ DELETE
NAME	BREIG, CHARLES	
STREET ADDRESS	7161 NW 74TH ST	
CITY-ST-ZIP	MIAMI FL 33166	
TITLE	VT	✓ DELETE
NAME	BREIG, JAMES	
STREET ADDRESS	5365 W ATLANTIC AVE SUITE 505	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President/Secretary	☐ Change ✓ Addition
1.2 NAME	Laura Breig	
1.3 STREET ADDRESS	6211 Appaloosa Trail	
1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33330	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 #