Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 22, 1999 8:00 am **Secretary of State**

03-22-1999 90072 047 ***150.00

DOCUMENT #	P95000039985
1 Corneration Name	, 0000000000

POWER GENERATION ASSOCIATES, INC.

Principal Place of Business C/O KENNETH F. STENROOS 3340 RIDGE LANE **BOYNTON BEACH FL 33435**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Mailing Address

2a. Mailing Address

City & State

26

27

C/O KENNETH F. STENROOS 3340 RIDGE LANE

BOYNTON BEACH FL 33435

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPAC
DO NOT WILLE IN THIS SEAC

3. Date Incorporated or Qualifed

5. Certificate of Status Desired

6, Election Campaign Financing

05/18/1995

65-0589910

4. FEI Number

23	0.00	\28\				trust Fund Contributio	···	Added it	11003		
Zip	Country	Zip		Country		8. This corporation owes	the current year In		_		
24	25	29	30			Personal Property Tax			□No		
	9. Name and Address of Current	Registered Agen	it			10. Name and Address of	f New Registered	i Agent			
-				81	Name						
WENZEL, CHRISTINE A 3340 RIDGE LANE					Street Add	Iress (P.O. Box Number is Not	Acceptable)				
					Oli ool Add	TOOD (1 TO: DOX HAINSON IS THE					
BOYNTON BEACH FL 33435				83		<u> </u>					
				-				85 Zip C	ode		
				84	City		FL		Odo		
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 char 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 appointme agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.											
SIGNATURE	Signature, typed or printed name of registered agent	l and title if applicable.	(NOTE: Reg	istered Agen	st signature require	ed when reinstating)	DATE	_			
12.	OFFICERS ANI	D DIRECTORS		13.		ADDITIONS/CHANGES	TO OFFICERS A	*********			
TITLE	D		DELETE	1.1 TITLE				Change	Addition		
NAME	STENROOS, KENNETH F	•		1.2 NAME							
STREET ADDRESS	3340 RIDGE LANE			1.3 STREET	ADDRESS						
CITY-ST-ZIP	BOYNTON BEACH FL 33435		_i	1.4 CITY-ST	T-ZIP						
TITLE	D		DELETE	2.1 TITLE				☐ Change	Addition		
NAME	WENZEL, CHRISTINE A			2.2 NAME							
STREET ADDRESS	1			2.3 STREET	FADDRES\$			•			
CITY-ST-ZIP	BOYNTON BEACH FL 33435			2. 4 CITY-S	ST-ZIP						
TITLE	,		DELETE	3.1 TITLE		···.		☐ Change	Addition		
NAME	{			3.2 NAME		•					
STREET ADDRESS			1	3.3 STREET	TADDRESS						
C/TY-ST-ZIP				3.4. CITY-S	IT-ZIP						
TITLE			DELETE	4.1 TITLE				Change	☐ Addition		
NAME				4. 2 NAME					}		
STREET ADDRESS				4.3 STREET	ADDRESS	_			ĺ		
CITY-ST-ZIP				4.4 CITY-S	T-ZIP	·					
TITLE			DELETE	5.1 TITLE				Change	☐ Addition		
NAME				5.2 NAME	-						
STREET ADDRESS				5.3 STREET	TADDRESS						
CITY-ST-ZIP				5.4 CITY-S	T-ZIP						
TITLE			DELETE	6.1 TITLE				☐ Change	☐ Addition		
NAME	1			6.2 NAME							
STREET ADDRESS		•	1	6.3 STREE	T ADDRESS				ļ		

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 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: