

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # **P950000043319**
1. Corporation Name
POWERHOUSE DESIGN & MARKETING INC.

Principal Place of Business Mailing Address
**FAIRWAY FINANCIAL CENTER, SUITE 224
10. FAIRWAY DRIVE, DEERFIELD BEACH
FLORIDA 33441**

2. Principal Place of Business 2a. Mailing Address
21 **SAME** 26 **SAME**
22 Suite, Apt. #, etc. **SUITE 224** 27 Suite, Apt. #, etc.
23 **DEERFIELD BEACH FL.** 28 City & State
24 **33441** 25 **BROWARD** 29 Zip Country 30

3. Date Incorporated or Qualified **JUNE 6. 1995** 3a. Date of Last Report **N/A**
4. FEI Number **65-059-5463** 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
**WILLIAM MCCARTHY
ATTORNEY AT LAW
200, E. PALMETTO PARK ROAD
SUITE 101, BOCA RATON
FL. 33432.**

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 607.0501, Florida Statutes.

SIGNATURE _____ DATE _____
(Print Name, Title, and Address of Registered Agent) (Print Name, Title, and Address of Registered Agent)

12. OFFICERS AND DIRECTORS
TITLE ☐ DELETE
NAME **PRESIDENT**
STREET ADDRESS **JAMES MAHON**
CITY-ST-ZIP **840 CYPRESSPARK WAY #L.
POMPANO BEACH FL. 33064**
TITLE ☐ DELETE
NAME **VICE PRESIDENT**
STREET ADDRESS **EMER BYRNE**
CITY-ST-ZIP **840 CYPRESSPARK WAY #L.
POMPANO BEACH FL. 33064**
TITLE ☐ DELETE
NAME **TREASURER**
STREET ADDRESS **JAMES MAHON**
CITY-ST-ZIP **840 CYPRESSPARK WAY #L.
POMPANO BEACH FL. 33064**
TITLE ☐ DELETE
NAME **SECRETARY**
STREET ADDRESS **EMER BYRNE**
CITY-ST-ZIP **840 CYPRESSPARK WAY #L.
POMPANO BEACH FL. 33064**
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 ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
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

**SAME
OFFICERS
CHANGE of
Address only.**

**000001807960
-05/06/96--01010--028
***200.00**

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: James Mahon JAMES MAHON 4/19/96 (954) 426-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAY-MONTH-YEAR

CR2E034 (12/95)