FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

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

FILED
97 JUL -1 PM 3:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P95000043319 (9)**

1. Corporation Name
POWERHOUSE DESIGN & MARKETING, INC.

Principal Place of Business
FAIRWAY FINANCIAL CENTER
10 FAIRWAY DR. STE 224
DEERFIELD BCH FL 33441

Mailing Address
FAIRWAY FINANCIAL CENTER
10 FAIRWAY DR. STE 224
DEERFIELD BCH FL 33441-1802

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 06/06/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0595463 ☐ 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**
MCCARTHY, WILLIAM
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 607.0505, Florida Statutes.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MAHON, JAMES P		1.2 NAME	
STREET ADDRESS	840 CYRESS PARK WAY #L		1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33064		1.4 CITY-ST-ZIP	
TITLE	VP Pompano Beach	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, EMER		2.2 NAME	500002230683--1
STREET ADDRESS	840 CYRESS PARK WAY #L		2.3 STREET ADDRESS	-07/03/97--01131--013
CITY-ST-ZIP	BOCA RATON FL 33064		2.4 CITY-ST-ZIP	****165.00 ****165.00
TITLE	T Pompano Beach	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MAHON, JAMES		3.2 NAME	
STREET ADDRESS	840 CYRESS PARK WAY #L		3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33064		3.4 CITY-ST-ZIP	
TITLE	S Pompano Beach	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BYRNE, EMER		4.2 NAME	
STREET ADDRESS	840 CYRESS PARK WAY #L		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33064		4.4 CITY-ST-ZIP	
TITLE	Pompano Beach	☐ 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	

JB 7-2-97

CR2E034 (9/96)

14. I do 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.

SIGNATURE: James Mahon JAMES MAHON 24 April 1997 426-8566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #