

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

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PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

97 SEP 18 PM 12:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # **P95000050612 (7)**

1. Corporation Name
POWER SYSTEMS LTD., INC.

Principal Place of Business 2107 N.W. 5TH AVE WILTON MANORS FL	Mailing Address 2107 N.W. 5TH AVE WILTON MANORS FL
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1995	3a. Date of Last Report 08/07/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.			4. FEI Number 65-0583132	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State			5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country			6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent SHARROW, J. S. 2107 N.W. 5TH AVE WILTON MANORS FL				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	200002300632--1
				83	-09/23/97-01025-017
				84 City	****165.00 ****165.00
				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 fee, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, THOMAS	1.2 NAME	
STREET ADDRESS	2107 N.W. 5TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WILTON MANORS FL	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 as an attachment with an address.

CR2E034 (4/97)



AUGUST, 29-1997

TO: FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

I, THOMAS THOMAS PRESIDENT OF POWER SYSTEMS LTD., INC.
WOULD LIKE THE LATE CHARGES REDUCE DO TO NOT RECEIVING A FIRST
NOTICE OF MY ANNUAL REPORT FILING FEE.

AS THIS IS MY ONLY SECOND YEAR IN THIS CORPORATION, I FEEL
IF I WOULD OF RECIEVED A FIRST NOTICE TO KNOW WHEN THIS FEE IS
DUE.

I DO KNOW NOW THAT THIS IS MY RESPOSIBILITY TO PAY THIS FEE BEFORE
THE DUE DAY EVEN IF I DO NOT RECEIVED A NOTICE AT ALL.

IF YOU COULD WAVE THE LATE FEE, I CAN BE SURE THIS WILL NOT BE
REPEATED.

SINCERELY,
TOM THOMAS

A handwritten signature in cursive script, appearing to read "Tom Thomas", written in dark ink.