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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P 1. Corporation Name POWER SYSTEMS LTD. P95000050612 (7)

FILED May 19 1998 8:00am Secretary of State

POWER STOTEMS LIDE INC.				
Principal Place of Business	Mailing Address			
2107 N.W. 5TH AVE	2107 N.W. 5TH AVE			
WILTON MANORS FL	WILTON MANORS FL		DO NOT WRITE IN THIS	RDACE
			3. Date Incorporated or Qualified	TO ACE
			06/27/1995	
2. Principal Place of Business	2a, Mailing Address		4. FEI Number	Applied For
21	26		65-0583132	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country	8. This corporation owes or has paid the co	
24 25	29]	30		Yes No
9. Name and Address of Curre	ent Hegistered Agent	B1 Name	10. Name and Address of New Registered	Agent
SHARROW, J. S.		I Ivallie		
2107 N.W. 5TH AVE	•	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
WILTON MANORS FL		63		
		63		
		B4 City	F	85 Zip Code
44 P	OO and COZ 1600 Florido Ptote	des, the shows named ears	peration submits this statement for the purpose	of changing ite registered
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the obli-	to of Florida, Such ch <mark>ange was</mark>	authorized by the corporat	tion's board of directors. I hereby accept the ap	pointment as registered
agent. I am familiar with, and accord the obli	gations of, Section 607.0505, F	lorida Statutes.	11.25	ا سرو ـ ۱
SIGNATURE	gent and title it applicable (NO	ITE: Registered Agent signature requir		-1
	ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTORS IN 12
TITLE D	DELETE	1,1 TITLE		Change 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	DELETE	2.1 TITLE		Change Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
City-St-ZIP		2. 4 CITY - ST- ZIP		
TITLE	☐ DELETE	3.1 TITLE	•	Change L Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
TITLE	LI DELETE	4.1 TiTLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ D€LETE	5 1 TITLE		Change Addition
NAME		5 2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		}
CITY-SI-ZIP		5.4 CITY-ST-ZIP		Observa 1 4 4400
TITLE	☐ DELETE	61 TiTLE		Change Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP	Section 119 07/3Vi) Florida Statutes I further	portify that the information

a new or my mac me mormation supplied with this timing does not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. 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.