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 # P95000055393

1. Corporation Name

POWER PROPERTIES OF CENTRAL FLORIDA, INC.

Principal Place of Business
499 S.R. 434
Suite 1053
Altamonte Sprgs. FL. 32714

Mailing Address c/o Firetronics, Inc.
499 S.R. 434
Suite 1053
Altamotne Sprgs. FL. 32714

2. Principal Place of Business
21 499 S.R/ 434
Suite, Apt #, etc.
22 Suite 1053
City & State
23 Altamone Sprgs., FL.
Zip
24 32714
Country
25 Seminole

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

3. Date Incorporated or Qualified: 7/18/95
3a. Date of Last Report: N/A
4. FEI Number: applied for — X 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 XX Yes [ ] No

9. Name and Address of Current Registered Agent

Larry D. Barnes
217 North Eola Drive.
Orlando, Fl. 32801

10. Name and Address of New Registered Agent

81 Name: Robert W. Parris
82 Street Address (P.O. Box Number is Not Acceptable): 499 S. R. 434
83 Suite 1053
84 City: Altamone Sprgs. FL
85 Zip Code: 32714

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] Robert W. Parris/Pres. DATE 4/29/96
Signature, typed or printed name of registered agent and title if applicable
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	President/Secretary	[ ] DELETE
NAME	Robert W. Parris	
STREET ADDRESS	217 North Eola Drive	
CITY-ST-ZIP	Orlando, Fl. 32801	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 TITLE	President/Secretary	XX Change [ ] Addition
1 NAME	Robert W. Parris	
1 STREET ADDRESS	499 S.R. 434 Suite 1053	
1 CITY-ST-ZIP	Altamonte Springs, FL. 32714	
2 TITLE	Secretary/Treas.	XX Change [ ] Addition
2 NAME	Karen L. Parris	
2 STREET ADDRESS	499 W. S.R. 434 Suite 1053	
2 CITY-ST-ZIP	Altamone Springs, FL. 32714	
3 TITLE		[ ] Change [ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE		[ ] Change [ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE		[ ] Change [ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE		[ ] Change [ ] Addition
6 NAME		
6 STREET ADDRESS		
6 CITY-ST-ZIP		

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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)(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: [signature] 4/29/96 (407) 774-6900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #