**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Kathorine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000083809

| POWERSERVE TECHNOLOGIES, INC.   |  |                    |                                 |   |                      |  |              |                |
|---|--|--------------------|---------------------------------|---|----------------------|--|--------------|----------------|
| District Olse   | of Duniana   | Mailing Addre      |                                 |   |                      |  |              |                |
| Principal Plac  |  | 1372 N. KILLIA     |                                 |   |                      |  |              |                |
| 1372 N. KILLIAN DRIVE 1372 N. KILLIAN DRIVE SUITE D SUITE D LAKE PARK FL 33403 LAKE PARK FL 33403 |  |                    |                                 |   |                      |  | 140 DDACE    |                |
|   |  |                    |                                 |   |                      | DO NOT WRITE IN 1  3. Date incorporated or Qualifed  | HIS SPACE    |                |
|   |  |                    |                                 |   |                      | 10/27/1995   |              |                |
| 2 Principal Place of Business 2a. Mailing Address   |  |                    |                                 |   |                      | 4 FEI Number   | ·            | pplied For     |
|   |  |                    | 01689                           | ,   |                      | 65-0618324   | <del> </del> | lot Applicable |
| 21   26   Suite, Apt. #, etc: - Suite, Apt. #, etc.   |  |                    | #: etc:                         | -   |                      |  |              | Additional     |
| 22 27   |  |                    | .,                              |   |                      | 5. Certificate of Status Desired   | Fee F        | tequired       |
| City & State City & State   |  |                    | te                              |   |                      | 6. Election Campaign Financing   | \$5.00       | May Be         |
| 23 28   |  |                    |                                 |   |                      | Trust Fund Contribution  |              | to Fees        |
| Zip   | Country  | Zip                |                                 | ountry  |                      | 8. This corporation owes the current year  |              |                |
| 24  | 25 29  |                    | 30                              |   |                      | Personal Property Tax.   | 🗆 Yes        | □No            |
|   | 9. Name and Address of Curre   | nt Registered Ager | it                              |   |                      | 10. Name and Address of New Registe  | red Agent    |                |
|   |  |                    |                                 | 81  | Name                 |  |              |                |
| HERNANDEZ, ALVIN C JR   |  |                    |                                 | 82 Street Address (P.O. Box Number is Not Acceptable) |                      |  |              |                |
| 9222 E. HIGHLAND PINES DRIVE  |  |                    |                                 | 83  |                      |  |              |                |
| PALM BEACH GARDENS FL 33418   |  |                    |                                 |   |                      |  | •            |                |
|   |  |                    |                                 | 84  | City                 |  | 85 Zip       | Code           |
|   |  |                    |                                 |   | 1 '                  | poration submits this statement for the purpos<br>on's board of directors. I hereby accept the a | FL 8         |                |
| SIGNATURE   | Signature, typed or printed name of registered egent and title if applicable. (NOTE: R |                    |                                 | red Agen  | it signature require | d when reinstaling) DAY ADDITIONS/CHANGES TO OFFICER:  |              | ORS IN 12      |
| TITLE   | D  |                    |                                 | TITLE   |                      |  | Change       |                |
| NAME  | HERNANDEZ, ALVIN C JR  |                    | 1.2                             | NAME  |                      |  |              |                |
| STREET ADDRESS  | ARROY E LINGUE AND BRAIFA DERE   |                    |                                 | STREET  | ADDRESS              |  |              |                |
| CITY-ST-ZIP   | PALM BEACH GARDENS FL 33418  |                    |                                 | 1.4 CITY-ST-ZIP                                       |                      | ····   |              |                |
| TTLE  |  |                    | DELETE 21                       | TITLE   |                      |  | Change       | Addition       |
| NAME  |  |                    | 22                              | NAME  |                      | • •  |              |                |
| STREET ADDRESS  |  |                    | — -··· — = 1·2.3                | STREET  | ADDRESS -            | - <del></del>  |              | خان            |
| CITY-ST-ZIP   |  |                    |                                 | CTY-S   | T-ZIP                | <u> </u>   |              | \$ CT = 1 000  |
| TITLE   |  |                    | DELETÉ 3.1                      | TITLE   | ļ                    |  | Change       | Addition       |
| NAME  | 1  |                    |                                 | NAME  | 1                    | •  |              |                |
| STREET ADDRESS  | 3  |                    | 3.3                             | STREET  | ADDRESS              | ,  |              |                |
| CITY-ST-ZIP   |  |                    |                                 | CITY-S  | T-ZIP                |  | Change       | Addition       |
| TITLE   |  |                    | I                               | TITLE "   |                      |  |              |                |
| NAME  | 1  |                    | ľ                               | NAME  |                      |  |              |                |
| STREET ADDRESS  |  |                    | ~                               |   | ADDRESS              |  |              |                |
| CITY-ST-ZIP   |  |                    |                                 | CITY-SI   | T-ZIP                | <u> </u>   | ☐ Change     | Addition       |
| TITLE   | 1  |                    | UELEIE 5.1                      |   | - 1                  |  |              |                |
| NAME  |  |                    | 6.2                             | MARKE   |                      |  |              | •              |
| 1   |  | -                  |                                 | NAME  | LINOSES              | ,  |              | •              |
| STREET ADDRESS  | 5  | _                  | 5.3                             | STREET  | ADDRESS              | ,  | •            | •              |
| CITY-ST-ZIP   |  |                    | 5.3<br>5.4                      | STREET  | ŀ                    |  | ☐ Channe     | ☐ Addition     |
| CITY-ST-ZIP   |  | 0                  | 5.3<br>5.4<br>DELETE 6.1        | STREET<br>CITY-ST                                     | ŀ                    |  | Change       | Addition       |
| CITY-ST-ZIP   |  |                    | 5.3<br>5.4<br>DELETE 6.1<br>6.2 | STREET<br>CITY-ST<br>TITLE<br>NAME                    | ŀ                    |  | ☐ Change     | ☐ Addition     |

14. 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, with all other like empowered.

6.4 CITY- \$1-22P

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90028 007 \*\*\*150.00