

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000084627 (5)

1. Corporation Name

THE POWER BUYING SOURCE, INC.



Principal Place of Business

3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

Mailing Address

3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

3. Date Incorporated or Qualified
11/03/1995

3a. Date of Last Report

2. Principal Place of Business

21 1041 PARK Ave

Suite, Apt. #, etc.

22 Suite 100

City & State

23 Boca Raton FL

Zip

24 33486

Country

25 USA

2a. Mailing Address

26 1041 PARK Ave

Suite, Apt. #, etc.

27 Suite 100

City & State

28 Boca Raton FL

Zip

29 33486

Country

30 USA

4. FEI Number

650617681

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

ROSEN, GARY C
3111 STIRLING ROAD
FT. LAUDERDALE FL 33312

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 not applicable)

(Printed) Registered Agent signature (required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

D
NAME GLICKMAN, MICHAEL
STREET ADDRESS 1041 PARK AVE. SUITE 100
CITY-ST-ZIP BOCA RATON FL 33486

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

Michael J. Glickman

Michael J. Glickman

4/29/96

407
447-7881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)