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

CORPORATION ANNUAL REPORT



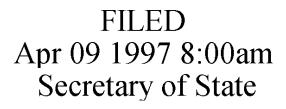
FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P9600001360 (2)

POWERCERY CORPORATION





Principal Plac	e of Business	Mailing Address	S			- I ABBILDES 148 IRLIN BILLIL BOULL BOULL BRILL WOLLL BOULL BUILL BLILL DELA		
400 NORTH ASHLEY DRIVE SUITE 2700 TAMPA FL 33602		SUITE 2700	400 NORTH ASHLEY DRIVE SUITE 2700 TAMPA FL 33602-4327					
						3. Date Incorporated or Qualified 01/01/1996	3a. Date of La	ast Report
2. Principal P	flace of Business	2a. Mailing Add	ress			4. FEL Number 59-3117606		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt #	, etc.		*	5. Certificate of Status Desired		75 Additional
City & State		City & State					Fe	e Required
23		28				Election Campaign Financing Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country	Zip		Country		8. This corporation has liability for in		
24	25	29	30				Yes No	··
1111	9. Name and Address of Cur	rent Registered Agent		81	Name	10. Name and Address of New Re	Istered Agent	
	GMAN, STEPHEN M NORTH ASHLEY DRIVE							
	TE 2700			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)	
	IPA FL 33602			83		70-10-10-17-17-17-17-17-17-17-17-17-17-17-17-17-		
	\$			84	City		85	Zip Code
44 Day and	(0-1	2500 1 607 1500 51	01-1-11-11-11-11-11-11-11-11-11-11-11-11			poration submits this statement for the pr		•
office or n agent. I a SIGNATURE	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such char oligations of, Section 607	nge was autho .0505, Florida	rized by Statutes	the corporal	tion's board of directors. I hereby accep	t the appointmen	nt as registered
	Signetime typicid or punited frame of registered	agent and title if applicable.	(NOTE Flegi	stered Age	nt signature requir	red when reinstating)	DATE	
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D Ross, Harold R	Ď		1.1 TITLE			Cha	nge Addition
NAME STREET ADDRESS	400 NORTH ASHLEY DRIVE	SHITE 2700		1.2 NAME	1000000			
CITY-S1-ZIP	TAMPA FL 33602	., 00112 2700		1.3 STREET 1.4 City-s	i i			
MILE		DI		2.1 TITLE	1. Tit		☐ Cha	nge Addition
NAME				2.2 NAME	İ			-
STREET ADORESS			1 2	2.3 STREET	ADDRESS	•		
CITY-ST-7#	······································			2. 4 CITY-5	ST-ZIP			
THE				3.1 TITLE			☐ Cha	nge Addition
NAME STREET ADDRESS				3.2 Name 3.3 staeet	*DDDCCC			
CITY-ST-ZIP				3.3 SIJIECI 3.4. CITY - S				
Tills		□ Di		4.1 TITLE	, EII		☐ Cha	nge Addition
NAME				4. 2 NAME		•		
\$1REET ADDRESS				4.3 STREET	ADDRESS			
CITY-SF-7IP				4.4 CITY-S	T- 2IP			
1ITCE		↓ DI		5.1 TITLE			☐ Cha	nge [] Addition
NAME				5.2 NAME				
STREET ADDRESS				5.3 STREET				
CITY-S1-7# TITLE		□ ni		5.4 CITY-S 6.1 TITLE	I - ZIP		☐ Cha	nge Addition
NAME				6.2 NAME			51la	- Freeze
STREET ADDRESS				6.3 STREET	ADDRESS			
CHY-ST-ZP		, N		54 CITY-S				
	and the state of t	B = 2				15. O V 140 07(0)() (1 23. O. 4 t	1.7 11	

I do hereby certify that the information supplied with this filling 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 a must 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,

SIGNATURE:

Wagman, Secretary 3/19/97 813-226-2600, x1067