


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

FILED  
May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000013158 (6)</b>		
1. Corporation Name <b>POWER MARKETING CONCEPTS, INC.</b>		
Principal Place of Business <b>8727 Phillips Highway #408 Jacksonville FL 32256</b>		Mailing Address <b>P.O. Box 23679 Jacksonville, FL 32241-3679</b>



2. Principal Place of Business		3. Date Incorporated or Qualified <b>02/08/1996</b>		3a. Date of Last Report	
21. Suite, Apt. #, etc.		4. FEI Number <b>59-3357986</b>		Applied For Not Applicable	
22. City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent <b>MAUDLIN, RAY M 8727 PHILLIPS HIGHWAY #408 JACKSONVILLE FL 32256</b>			10. Name and Address of New Registered Agent		
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83. City					
84. Zip Code					
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		(NOTE: Registered Agent signature required when reinstating)		DATE							
12. OFFICERS AND DIRECTORS						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE						1.1 TITLE					
1.2 NAME						1.2 NAME					
1.3 STREET ADDRESS						1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP						1.4 CITY-ST-ZIP					
2.1 TITLE						2.1 TITLE					
2.2 NAME						2.2 NAME					
2.3 STREET ADDRESS						2.3 STREET ADDRESS					
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6.2 NAME						6.2 NAME					
6.3 STREET ADDRESS						6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP						6.4 CITY-ST-ZIP					

14. I do 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.

SIGNATURE: Sheryll Maudlin Sheryll Maudlin 4-15-97 (904) 730-6033  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)