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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P96000021865 (6)

FILED Feb 25 1998 8:00am Secretary of State

POWA	LK, INC.					
Principal Plac	ce of Business	Mailing Address			NSEA MALLAR ALDRA ELDAN FALLA RELIGIOR	(D) (BB)
	DREWS AVENUE	2319 N. ANDREWS AVE	NUE			
FT. LAUDERDALE FL 33311 FT. LAUDERDALE FL 333			311	DO NOT UIDITI		
				3. Date Incorporated or Qualified	E IN THIS SPACE	
				03/11/1996		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applie	nd For
21		26		65-0649312		pplicable
Suite, Apt.	. #, etc.	Suite, Apt. #, etc.			CO 75	
22		27		5. Certificate of Status Desired	Fee Requi	
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00 Ma	у Ве
23		28	···	Trust Fund Contribution	Added to F	<b>8</b> 8
Zíp	Country	Zip	Country	8. This corporation owes or has pa		
24	25 25 Name and Address of Curr	ant Replatered Agent	30	Personal Property Tax due June 10, Name and Address of New Re		0
D/	DYALE MANAGEMENT SERVICE		81 Name	10, Name and Address of New Ac	igistered Agent	
	2 N.E.17TH STREET	.O, IIIO,				
	LAUDERDALE FL 33304		82 Street Addr	ress (P.O. Box Number is Not Acceptat	ole)	
• • • • • • • • • • • • • • • • • • • •	, broodhorde i'e ooor		83			
			84 City		FL 85 Zip Cod	е
11. Pursuant office or i	regi <b>stere</b> d agent, or both, in the Sta	te of Florida. Such change was -	authorized by the corporat	poration submits this statement for the ption's board of directors. I hereby access	turnose of changing its so	gistered istered
anent La	am temiliar with and accort the obli	idations of Section 607 ASAS Et	orida Statutos	,	,,	.0.0.00
agent. I a	am familiar with, and accept the obli	igations of, Section 607.0505, Fl	orida Statutes.	,,	,	.0.0.00
agent. I a	am familiar with, and accept the obli-	igations of, Section 607.0505, Fi	orida Statutes.  E: Registered Agent signature requir		DATE	
agent. I a	Signature, typed or printed name of registered a  OFFICERS A	igations of, Section 607.0505, Fi	orida Stalutes.		DATE	
agent. I a	Signature, typied or printed name of registered a  OFFICERS A	gations of, Section 607.0505, Flagent and title if applicable (NOT	Orida Statutes.  E: Registered Agent signature requir	red when reinstating)	DATE CERS AND DIRECTORS IN	
ageni. I a SIGNATURE	Signature, typed or printed name of registered a  OFFICERS A  PD  WALKER, BRUCE A	gations of, Section 607.0505, Fi	Orida Statutes.  E: Registered Agent signature requirements.	red when reinstating)	DATE CERS AND DIRECTORS IN	V 12
SIGNATURE  12. TITLE	Signature, typed or printed name of registered a OFFICERS A PD WALKER, BRUCE A 3290 N.W. 21ST ST.	igations of, Section 607.0505, Fi	C: Registered Agent signature requirement  13.  1.1 TITLE	red when reinstating)	DATE CERS AND DIRECTORS IN	V 12
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14. I 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 epipowered 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.

12/20/08