

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

FILED

Jan 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039101 (6)
 1. Corporation Name
POWER CON OF SOUTH FLORIDA, INC.



Principal Place of Business 5800 SW 87 WAY COOPER CITY FL 33328	Mailing Address 5800 SW 87 WAY COOPER CITY FL 33328-5914
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3. Date Incorporated or Qualified 05/07/1996	3a. Date of Last Report
4. FEI Number 65-0669555	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent CZAJKOWSKI, GARY 5800 SW 87 WAY COOPER CITY FL 33328	10. Name and Address of New Registered Agent 81 Name CZAJKOWSKI, ANTOINETTE 82 Street Address (P.O. Box Number is Not Acceptable) 5800 SW 87 WAY 83 84 City COOPER CITY FL 85 Zip Code 33328
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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: *Antoinette Czajkowski* DATE: **01/09/97**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	DP GREENBURG, LEE
STREET ADDRESS	5800 SW 87 WAY
CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	<input type="checkbox"/> DELETE
NAME	DT PAYNE, JIM
STREET ADDRESS	5800 SW 87 WAY
CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	<input type="checkbox"/> DELETE
NAME	DV KATZ, MIKE
STREET ADDRESS	5800 SW 87 WAY
CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DS CZAJKOWSKI, GARY
STREET ADDRESS	5800 SW 87 WAY
CITY-ST-ZIP	COOPER CITY FL 33328
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DS CZAJKOWSKI, ANTOINETTE
4.3 STREET ADDRESS	5800 SW 87 WAY
4.4 CITY-ST-ZIP	COOPER CITY, FL 33328
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Antoinette Czajkowski* DATE: **01/09/97** (854) 434-9337

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)