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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000039101

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
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/07/1996	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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 379 SW 164 AVE Suite, Apt. #, etc.	2a. Mailing Address 26 379 SW 164 AVE Suite, Apt. #, etc.
22 City & State 23 PEMBROKE PINES FL Zip Country	27 City & State 28 PEMBROKE PINES FL Zip Country
24 33007	25 BROWARD
29 33007	30 BROWARD

9. Name and Address of Current Registered Agent CZAJKOWSKI, ANTOINETTE 5800 SW 87 WAY COOPER CITY FL 33328	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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
 Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DP <input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.1 TITLE	
NAME GREENBURG, LEE	1.2 NAME	1.2 NAME	
STREET ADDRESS 5800 SW 87 WAY	1.3 STREET ADDRESS 379 SW 164 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP COOPER CITY FL 33328	1.4 CITY-ST-ZIP PEMBROKE PINES FL, 33027	1.4 CITY-ST-ZIP	
TITLE DT <input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.1 TITLE	
NAME PAYNE, JIM	2.2 NAME	2.2 NAME	
STREET ADDRESS 5800 SW 87 WAY	2.3 STREET ADDRESS 379 SW 164 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP COOPER CITY FL 33328	2.4 CITY-ST-ZIP PEMBROKE PINES FL, 33027	2.4 CITY-ST-ZIP	
TITLE DV <input type="checkbox"/> DELETE	3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	3.1 TITLE	
NAME KATZ, MIKE	3.2 NAME	3.2 NAME	
STREET ADDRESS 5800 SW 87 WAY	3.3 STREET ADDRESS 379 SW 164 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP COOPER CITY FL 33328	3.4 CITY-ST-ZIP PEMBROKE PINES FL, 33027	3.4 CITY-ST-ZIP	
TITLE DS <input type="checkbox"/> DELETE	4.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	4.1 TITLE	
NAME CZAJKOWSKI, ANTOINETTE	4.2 NAME	4.2 NAME	
STREET ADDRESS 5800 SW 87TH WAY	4.3 STREET ADDRESS 379 SW 164 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP COOPER CITY FL	4.4 CITY-ST-ZIP PEMBROKE PINES FL 33027	4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.1 TITLE	
NAME	5.2 NAME	5.2 NAME	
STREET ADDRESS	5.3 STREET ADDRESS	5.3 STREET ADDRESS	
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.1 TITLE	
NAME	6.2 NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP	

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 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 with another like empowered.

SIGNATURE _____ DATE **02/23/99**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

C-25034 (11/98)