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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000057199 (7)**

1. Corporation Name
POWERS FINANCIAL, INC.

Principal Place of Business	Mailing Address
1010 16TH STREET NORTH ST. PETERSBURG FL 33713	1010 16TH STREET NORTH ST. PETERSBURG FL 33713-7126

3. Date Incorporated or Qualified: 07/08/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 17035 GULF BL.
22 Suite, Apt. #, etc.: #202
23 City & State: REDINGTON BCH, FL
24 Zip: 33708
25 Country: PINELLAS

2a. Mailing Address
26: 17035 GULF BL.
27 Suite, Apt. #, etc.: #202
28 City & State: REDINGTON BCH, FL
29 Zip: 33708
30 Country: PINELLAS

4. FEI Number: 59-1056289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOOD, BRADLEY J ESQ
BOYDSTUN, DABROSKI & LYLE, P.A.
2600 NINTH STREET NORTH
ST. PETERSBURG FL 33704

10. Name and Address of New Registered Agent

81 Name: ELIZABETH POWERS
82 Street Address (P.O. Box Number is Not Acceptable): 17035 GULF BL. #202
83: REDINGTON BEACH
84 City: FL 85 Zip Code: 33708

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: Elizabeth Powers 4-29-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEE, STEPHEN S		1.2 NAME	
STREET ADDRESS	17035 GULF BOULEVARD #202		1.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH REDINGTON BEACH FL 33708		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEE, ELIZABETH		2.2 NAME	
STREET ADDRESS	17035 GULF BOULEVARD #202		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH REDINGTON BEACH FL 33708		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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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: Elizabeth Powers 4-29-97 813/398-4123