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 # P96000057199 (7)

POWERS FINANCIAL, INC.

FILED Mar 06 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address									I LA DEL a d e les létes était a dete de	ile di niel Mail		110 1011 1001	
17035 GULF BLVD #202 17035 GULF BLVD #202 REDINGTON BEACH FL 33708 REDINGTON BEACH FL 33708						708			DO NOT W	RITE IN T	HIS SPACE		
								 -	3. Date Incorporated or Qualif		THO OF AGE		
								'	07/08/1996				
2. Principal P	lace of Busine	iss	28.	2a. Mailing Address				14	4. FEI Number		TA:	pplied For	
21			26	26				Ì	59-1056289		N	lot Applicable	
Suite, Apt	#, etc.		27	Suite, Apt. #, etc.					6. Certificate of Status Desired	· 🗀		Additional lequired	
City & State				City & State					6. Election Campaign Financia	9	\$5.00	May Be	
23				28					Trust Fund Contribution		Added	to Fees	
· ·	Zip Country			7φ Country 30			0	8. This corporation owes or has paid the current year Intangible					
24	25				30				Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
POWERS, ELIZABETH							81 Name						
	35 GULF B		_				Street .	Address	Address (P.O. Box Number is Not Acceptable)				
į REI	DINGTON BI	EACH FL 3370	В										
						83	ļ					1	
						84	City		***************************************		FL 85 Zip	Code	
11. Pursuant	to the provision	ns of Sections 6	07 0502 and 0	07.1508, Florida Sta	tutes, the a	pove	e-named	corporati	tion submits this statement for	he purpo	se of changing i	its registered	
office or re agent. I a	egistored agd m familiar with	int, or both, in thi i, and accept the	e State of Flori Pobligations o	da. Such charige wa f, Section 607.0505,	is authorize Florida Sta	id by tutes	y the corp s.	poration's	tion submits this statement for a board of directors. I hereby a	ccept the	appointment as	registered	
SIGNATURE												Ì	
Signature typed or profed name of regulared agent and tilk it applicable (NOTE: F							ant signature	o required wh	nen reinstating)	DA			
12.	D	OFFICE.	RS AND DIREC			13.		TO PE	ADDITIONS/CHANGES TO C	FFICERS	AND DIRECTOR Change	RS IN 12 Addition	
t I		ADETH		Dette le	4	-			LABETH FOWER	5	Change	ALABORIUM	
NAME LEE, ELIZABETH STREET ADDRESS 17035 GULF BOULEVARD #2				12 N			***********	2012	5 GULF BUIL	تىلە د	202	•	
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NAME					6.2 N								
STREET ADDRESS							ADDRESS]				}	
CITY-ST-ZIP					6.4 0	ITY-S	T-ZIP	L					

14. Thereby 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 occuprotation 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—ac on an altochment with pryaddress

SIGNATURE: