## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

Sep 19 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # P9600060294 (1) POWER SYSTEMS ENGINEERS. INC. Principal Place of Business Mailing Address 1378 SABOLERIDGE DR. ORLANDO FL 32835 1370 CADOLERIBOE DR. DO NOT WRITE IN THIS SPACE 12685 porsett M. 3. Date Incorporated or Qualified 3a. Date of Last Report SAME 317 MANYMAND HUNGATS, MO 63043 07/18/1996 2a. Mailing Address **FEI Number** Applied For PONSETT NO 12685 Not Applicable 5 AME Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired SVITE Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing HERGHTS Added to Fees MANYDAND Trust Fund Contribution Country 8. This corporation owes or has paid the current year Intangible Yes Yes Personal Property Tax due June 30. 24 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LORD, KEN Name CHANCES F. NEED
Street Address (P.O. Box Number is Not Acceptable) 1378 SADDLERIDGE DR. 82 ORLANDO FL 32835 C W. CENTRAL 83 84 City ONVANDO 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 od agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1.1 TITLE OPPRIOR F. MOSS NAME 1.2 NAME 1380) ENGUINDED EMBIL 1.3 STREET ADDRESS STREET ADDRESS CHOSTURPIONO MO 63017 CITY-ST-ZIP 1.4 CITY - ST - ZIP Change DELETE Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELFTE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition TITLE 5.1 TiTLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 City - ST - ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-\$1-ZIP

information indicated on this annual report or supplemental annual report is frue 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 an attachment with an address.

0/20/97

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

CITY-ST-ZIP

appears in Block 12 or Block 13 if changed, or

**FILED**