

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90179 015 ***158.75

1001 (03)

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000078276

1. Corporation Name
ARMAND POWERS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
4021 NORTH ARMENIA AVENUE
SECOND FLOOR
TAMPA FL 33607

Mailing Address
4021 NORTH ARMENIA AVENUE
SECOND FLOOR
TAMPA FL 33607

3. Date Incorporated or Qualified

08/28/1996

2. Principal Place of Business

2a. Mailing Address

21 12421 N. FLORIDA AVE

26 12421 North Florida Avenue

4. FEI Number

59-3397429

Applied For

Not Applicable

Suite, Apt. #, etc.

22 B-125

Suite, Apt. #, etc.

27 B-125

5. Certificate of Status Desired

\$8.75 Additional Fee Required

City & State

23 TAMPA, FL

City & State

28 TAMPA, FL

6. Election Campaign Financing

\$5.00 May Be Added to Fees

Zip Country

24 33612 25 USA

Zip Country

29 33612 30 USA

8. This corporation owes the current year Intangible Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

REPH, SCOTT T SR.
4021 NORTH ARMENIA AVENUE
SECOND FLOOR
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name Reph, SCOTT T. SR.
82 Street Address (P.O. Box Number is Not Acceptable) 507 SHADOW GROVE COURT
83
84 City LUTZ FL 85 Zip Code 33549

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/23/99
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	REPH, ALPHA I	
STREET ADDRESS	507 SHADOW GROVE COURT	
CITY-ST-ZIP	LUTZ FL 33549-4485	
TITLE	D	<input type="checkbox"/> DELETE
NAME	REPH, SCOTT T SR.	
STREET ADDRESS	507 SHADOW GROVE COURT	
CITY-ST-ZIP	LUTZ FL 33549-4485	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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 type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 all other like empowered.

SIGNATURE:

REPH, SCOTT T SR

1/23/99

813-933-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)