

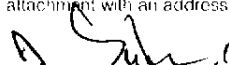


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mottham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000053662 1. Corporation Name POWERFORMS INTERNATIONAL, INC.			
Principal Place of Business 1025 SOUTH SEMORAN BLVD. SUITE 1093 WINTER PARK FL 32792		Mailing Address 1025 SOUTH SEMORAN BLVD SUITE 1093 WINTER PARK FL 32792	
2. Principal Place of Business 21 3184 EAST COLONIAL DRIVE Suite, Apt. #, etc. 22 City & State 23 ORLANDO, FLORIDA Zip 24 32803		2b. Mailing Address 26 3184 EAST COLONIAL DRIVE Suite, Apt. #, etc. 27 City & State 28 ORLANDO FLORIDA Zip 29 32803 Country 30 U.S.A.	
3. Date Incorporated or Qualified 06/17/1997			
4. FEI Number 69-3453069			
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 or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent AMERILAWYERS 343 ALMERIA AVE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name MR JOSEPH SYKES 82 Street Address (P.O. Box Number is Not Acceptable) 3184 EAST COLONIAL DRIVE 83 84 City ORLANDO FL 85 Zip Code 32803	
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  MR. J. SYKES DATE 28 APRIL 1998 <small>Signature typed or printed name of person whose name appears on the application (NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS TITLE J. MR. PRESIDENT. <input type="checkbox"/> DELETE NAME SYKES, JOSEPH STREET ADDRESS 1025 SOUTH SEMORAN BLVD. CITY-ST-ZIP WINTER PARK FL 32792 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 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME SYKES JOSEPH 1.3 STREET ADDRESS 3184 EAST COLONIAL DRIVE 1.4 CITY-ST-ZIP ORLANDO FL 32803 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 700002549401 <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP -06/05/98--01092--004 ***150.00	
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			
SIGNATURE:  MR. J. SYKES DATE 28 APRIL 1998 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (10/97)