


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

FILED  
May 22 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P97000071310 (1)</b> 1. Corporation Name <b>POWER LITE, INC.</b>					
Principal Place of Business <b>5800 S.W. 87TH WAY COOPER CITY FL 33328</b>			Mailing Address <b>5800 S.W. 87TH WAY COOPER CITY FL 33328</b>		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/18/1997</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>65-0780632</b>	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>ABREU, MARIA E 5800 S.W. 87TH WAY COOPER CITY FL 33328</b>			10. Name and Address of New Registered Agent		
			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City <b>FL</b> 85 Zip Code		
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 _____ DATE _____ <small>Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE <input type="checkbox"/> DELETE			11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>PTD</b>			12 NAME		
STREET ADDRESS <b>ABREU, MARIA E</b>			13 STREET ADDRESS		
CITY-ST-ZIP <b>5800 S.W. 87TH WAY</b>			14 CITY-ST-ZIP		
CITY-ST-ZIP <b>COOPER CITY FL 33328</b>			21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input checked="" type="checkbox"/> DELETE			22 NAME		
NAME <b>SD</b>			23 STREET ADDRESS		
STREET ADDRESS <b>CZAJKOWSKI, ANTOINETTE</b>			24 CITY-ST-ZIP		
CITY-ST-ZIP <b>5800 S.W. 87TH WAY</b>			31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP <b>COOPER CITY FL 33328</b>			32 NAME		
TITLE <input type="checkbox"/> DELETE			33 STREET ADDRESS		
NAME			34 CITY-ST-ZIP		
STREET ADDRESS			41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			42 NAME		
TITLE <input type="checkbox"/> DELETE			43 STREET ADDRESS		
NAME			44 CITY-ST-ZIP		
STREET ADDRESS			51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			52 NAME		
TITLE <input type="checkbox"/> DELETE			53 STREET ADDRESS		
NAME			54 CITY-ST-ZIP		
STREET ADDRESS			61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
CITY-ST-ZIP			62 NAME		
TITLE <input type="checkbox"/> DELETE			63 STREET ADDRESS		
NAME			64 CITY-ST-ZIP		
STREET ADDRESS					
CITY-ST-ZIP					



SIGNATURE: *Maria E. Abreu*

04/14/98 385-2202977 2477

CR2E034 (10/97)