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 # P97000076335 (3)

POWER PLAYER AMERICA, INC.

FILED Jan 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					t tablish lie lett last best beitt bett bett bett bett bett bett be	
	DAK HAVEN CIRCLE BEACH FL 33179		20255 WEST OAK HAVEN CIRCLE NORTH MIAMI BEACH FL 33179			
	16	- 4171	0.0-	_	•	DO NOT WRITE IN THIS SPACE
	(0 S	-077) &	28	2		3. Date Incorporated or Qualified
				/ 		09/03/1997
	lace of Business	2a, Mailing Address	<u></u>			4. FEI Augustier Applied For
21		26				Not Applicable
Sulte, Apt.	#, etc.	·	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required
22 City & State			City & State			
23 26 28						6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	7ip	Country			This corporation owes or has paid the current year Intangible
24	25	29		30		Personal Property Tax due June 30. Yes No
	g. Name and Address of Cur			T		10. Name and Address of New Registered Agent
WE	INREB, MICHAEL P			81	Name	me
	55 WEST OAK HAVEN CIRCL	E			0	(DO D. M. J. N. J. A. J. L. L. L. N. J. A. J. L.
	RTH MIAMI BEACH FL 33179	IC .		82	Street	eet Address (P.O. Box Number is Not Acceptable)
1401	TITI MIAMI DEACH TE 33179			83		
				84	City	y FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	0502 and 607 1508, Florida Sta	alules, the a	ibove	L o-namo(nod corporation submits this statement for the purpose of changing its registered
office or r	egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such change wa	as authorize	ed by	rithe col	corporation's board of directors. I hereby accept the appointment as registered
•	an ignition with, and accept the se	ingeniora or, occitor cor .coop,	, i lorida oto	ildico	,	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (f	NO1E Registers	ed Age	ent signatur	ature required when reinstating) DATE
12.	OFFICERS :	AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 7	111.6		Change Addition
NAME	WEINREB, MICHAEL P		1.2 N	IAME		
STREET ADDRESS	20255 WEST OAK HAVEN		1.3 \$	TREET	ADDRESS	TSS
CITY-ST-ZIP	NORTH MIAMI BEACH FL 3		1.4 0	HTY-5	1-21P	
TITLE		DELETE	211	TLE		Change Addition
NAME			22 N	IAME		
STREET ADDRESS			238	aree i	ADORESS	SS
CITY-ST-ZIP				2 4 C(1) Y - S1 - ZIP		
TITLE	_] DELETE 3		317	317011.6		Change Addition
NAME			32 N			
STREET ADDRESS					ADORESS	in the second se
CITY-ST-ZIP		DELETE		011Y - S	51 - 21P	Change Addition
TITLE		L_ DELETE	4.1 T			Change Addition
NAME			4.21		IBNero-	
STREET ADDRESS					ADDRESS	599
CITY-ST-ZIP		DELETE	4.4 C	HY-S	1- <u>/</u> 11'	Change Addition
TITLE NAME		EJ DICCIL	5.2 N			C Vinings C Addition
					ADORESS	200
STREET ADDRESS				aret atv-s		
CITY-ST-ZIP TITLE		DELFTE	6.11		1.71	Change Addition
NAME			6.2 N			
STREET ADDRESS					ADORESS	22
Offy-ST-ZIP				::::::::::::::::::::::::::::::::::::::		
14, I hereby o	certify that the information supplier	ith this filing does not qualif	y for the ex	епір	tion stat	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 eccurate and that my signature shall have the same legal effect as if made under oath; that I aru an afficer or director of the corporation or the acceiver of trustee empowered to execute this report as required by Chapter 607. Florida Statutos: and that my page appears in						
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 supplied earlier 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 ecceiver of 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 or an attachnest, with an address.						