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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCLIMENT

FILED Jun 09 1998 8:00am Secretary of State

POWER	NAME # P970	ATER, INC								
Principal Place of Business			Mailing Address			1				
215 5TH ST. STÉ 108 West Palm Beach Fl 33401			215 5TH ST. STE 108 West Palm Beach Fl 33401							
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						1 '	rated or Qualified			
			·····			11/05/199 4. FEI Number	97			
	ace of Business		2s. Mailing Address				0795	227	— —	oplied For
21	# ala	26				65-	01905	70/		ot Applicable
Suite, Apt.	#, BIC.	hii n	Suite, Apt #, etc.			5. Certificate of	Status Desired	V	\$8.75 / Fee Re	
City & State	· · · · · · · · · · · · · · · · · · ·	··	City & State			6, Election Cam	unaian Emanoina			May Be
23		1 1 1	28			Trust Fund Co			Added	
Zip			Z(p) Cou			8. This corporation owes or has paid the current year Intangi				
24	25 29		30)		Personal Property Tax due June 30. 🔲 Yes 🔽 No				
9. Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent				
	ORDANO, JOHN N			81	Name					l
220 S FRANKLIN ST				82	32 Street Address (P.O. Box Number is Not Acceptable)					
TAMPA FL 33602				83						
				84	City			FL	85 Zip (Code
11. Pursuant t	to the provisions of Sections 60	7.0502 and 607.1508. F	lorida Statutes.	the above	e-named corp	poration submits this	statement for the	purpose of o	L L changing it	s registered
office or re	egi <mark>ster</mark> ed agent, or both, in the m f a miliar with, and accept the	State of Florida, Such o	hance was auth	horized by	the corporati	ion's board of direct	ors. I hereby acce	pt the appo	intment as	registered
SIGNATURE	Signature, typed or pentisd name of registe	hed ago of and that if anolicable	(NOTE Re	enistored Ann	N S-Onalure reduce	ed when reinstaling)		DATE		
12.		S AND DIRECTORS		13.	g man o respon		HANGES 10 OFFI		DIRECTOR	RS IN 12
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NAME	CHANGE GOOM			1.2 NAME						ĺ
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	w Palon Brench	(C 33121		1.4 CITY - S	1 - 71P	· · · · · · · · · · · · · · · · · · ·				
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NAME PROFES ADDRESS				6.2 NAME	1000555	-06/4	0/98010	E5BB	A remain	
STREET ADDRESS				63 STREET	ſ	***15		LUL LUCH		}
CITY-ST-ZIP			- 17 (6 4 CHY-SI	I-ZIP	7-7-1-1	Start S			

I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation of the corporation 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 changes, by an attachment with an address.