


FILE NOW. FILING FEE AFTER MAIL 1ST IS \$550.00

**FILED**  
**Feb 27, 1999 8:00 am**  
**Secretary of State**

02-27-1999 90054 044 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000007067**

1. Corporation Name  
**POLYTHIUM ELECTRODES, INC.**

Principal Place of Business 2000 GLADES ROAD, STE. 400 BOCA RATON FL 33431	Mailing Address 2000 GLADES ROAD, STE. 400 BOCA RATON FL 33431
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/22/1998		4. FEI Number 65-0256626		Applied For <input type="checkbox"/> Not Applicable
2. Principal Place of Business 21 <b>2656 ELECTRONICS WAY</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2656 ELECTRONICS WAY</b> Suite, Apt. #, etc.	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	
22 City & State <b>West Palm Beach Florida</b>	27 City & State <b>West Palm Beach Florida</b>	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		
23 Zip <b>33407</b>	25 Country <b>U.S.A.</b>	29 Zip <b>33407</b>	30 Country <b>U.S.A.</b>	

9. Name and Address of Current Registered Agent HRAWG CORP. 2000 GLADES ROAD, STE. 400 BOCA RATON FL 33431		10. Name and Address of New Registered Agent	
81 Name <b>HURST David R.</b>	82 Street Address (P.O. Box Number is Not Acceptable) <b>2656 ELECTRONICS WAY</b>	83	84 City <b>West Palm Beach</b> FL 85 Zip Code <b>33407</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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]* DATE: **01/15/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE <b>HURST DAVID R.</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>DPT HURST DAVID R. 69 CURLEW ROAD MANALAPAN, FL.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>5 HURST DAVID R. 69 CURLEW ROAD MANALAPAN, FL.</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **01/15/99** DAYTIME PHONE # **561-820-8150**

CR2E034 (1/198)