


FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90127 013 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P98000008281

1. Corporation Name

POWERFUL ASSOCIATES INCORPORATED

Principal Place of Business

1423 SERISSA CT
ORLANDO FL 32818

Mailing Address

1423 SERISSA CT
ORLANDO FL 32818

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/26/1998

4. FEI Number

59-3504851

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation owes the current year intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

HURST, EDWARD E
 1205 MAYTOWN RD
 OAK HILL FL 32759-9103

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
 NAME HARRIS, FITZROY A
 STREET ADDRESS 955 B AROGAN
 CITY-ST-ZIP WINTER PARK FL 32789

TITLE VTO ☐ DELETE
 NAME BECKFORD, PATRICIA I
 STREET ADDRESS 1423 SERISSA CT
 CITY-ST-ZIP ORLANDO FL 32790

TITLE SD ☐ DELETE
 NAME HEWING, DIANA A
 STREET ADDRESS 406 LONGWOOD CIRCLE
 CITY-ST-ZIP LONGWOOD FL 32790

TITLE D ☐ DELETE
 NAME COLEMAN, JULIE A
 STREET ADDRESS 7255 HIAWASSAE OAK DRIVE
 CITY-ST-ZIP ORLANDO FL 32808

TITLE D ☐ DELETE
 NAME HARRIS, CEZANNE A
 STREET ADDRESS 19562 NW 55 CIRCLE PLACE
 CITY-ST-ZIP MIAMI FL 33055

TITLE TOMLINSON, MARCIA ☐ DELETE
 NAME 2755 E RIVER RUN
 STREET ADDRESS MIRAMAR-FL 33055
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D HARRIS, ANGELA A ☐ Change ☒ Addition
 1.2 NAME 225 W 110th ST. # 62
 1.3 STREET ADDRESS NEW YORK 10026
 1.4 CITY-ST-ZIP

2.1 TITLE D TOMLINSON, MARCIA A ☐ Change ☒ Addition
 2.2 NAME 2755 E RIVER RUN
 2.3 STREET ADDRESS MIRAMAR-FL 33055
 2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)