

**PROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P98000022662

1. Corporation Name

POWER CAFES, INC.

Principal Place of Business

 5511 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34746

Mailing Address

 5511 W. IRLO BRONSON MEMORIAL HWY.
KISSIMMEE FL 34746

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

03/04/1998

4. FEI Number

59-3496056

Applied For

Not Applicable

5. Certificate of Status Desired

☐
\$8.75 Additional
Fee Required

 6. Election Campaign Financing
Trust Fund Contribution

☐
\$5.00 May Be
Added to Fees

 8. 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

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WARD, CRAIG B ESQ.
105 E. ROBINSON ST., SUITE 501
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name

Rodney L. Russell

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

537 North Magnolia Avenue

83

84 City

Orlando
FL

 85 Zip Code
32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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]

(NOTE: Registered Agent signature required when reinstating)

DATE

10 FEB 99

12. OFFICERS AND DIRECTORS

 TITLE ☐ DELETE

D FERRARO, JOHN
5603 NORMAN CUTSON
ORLANDO FL 32821

 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

 TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

 2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

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]

2-10-99

407-397-2600

Date

Daytime Phone #

CR2E034 (1/198)