

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90003 019 \*\*\*150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

DOCUMENT # **P98000034519**

Corporation Name

**POWER PRO ENERGY, INC.**

Principal Place of Business  
 103 NORTHWEST 35TH STREET  
 BOCA RATON FL 33431

Mailing Address  
 2403 NORTHWEST 35TH STREET  
 BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

65-0830222

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.☐ Yes☐ No

Principal Place of Business

3100 N.W. 2 Avenue

2a. Mailing Address

3100 N.W. 2 Avenue

Suite, Apt. #, etc.

Suite 212

Suite, Apt. #, etc.

Suite 212

City &amp; State

Boca Raton, FL

City &amp; State

Boca Raton, FL

Zip

33431

Country

USA

Zip

33431

Country

USA

9. Name and Address of Current Registered Agent

FELDMAN, JOEL H ESQ.  
 4800 NORTH FEDERAL HIGHWAY  
 BOCA RATON FL 33431

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

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

OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

P  
 SCHNEIDERMAN, AUDREY B  
 4000 NORTH FEDERAL HIGHWAY SUITE 201  
 BOCA RATON FL 33431

☒ DELETE

1.1 TITLE  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY-ST-ZIP

☐ Change ☐ Addition

VP  
 MARKS, SUSAN MARLENE  
 4000 NORTH FEDERAL HIGHWAY SUITE 201  
 BOCA RATON FL 33431

☐ DELETE

2.1 TITLE  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

Director/President/Secy ☒ Change ☐ Addition  
 Marks, Susan Marlene  
 3100 N.W. 2 Avenue - Suite 212  
 Boca Raton, FL 33431

☐ Change ☐ Addition

☐ DELETE

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

☐ Change ☐ Addition

☐ DELETE

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

☐ Change ☐ Addition

☐ DELETE

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

☐ Change ☐ Addition

☐ DELETE

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

☐ Change ☐ Addition

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)