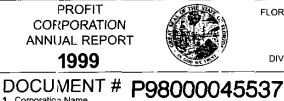
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90153 017 ***150.00

POWER	SHIFT GULF, INC.				
9602 THIMBLESERRY LANE 860		Mailing Address			511 B1301 B138; B1108 3111) (381 1981)
TAMPA-FL		IAMPA-FL-		DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualifed 05/18/1998	
2. Principal P	lace of Business T Koyaz Glalbe Av	2a. Mailing Address 26 / 3/27 Roya	n_Glorge Av		Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.	_1	5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Star	554 Flurida	City & State 28 OD ESSA,	FICRIDA	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 335:			Country USA	This corporation owes the current year Persona Property Tax.	Yes No
	9. Name and Addit 5s of Current F	egistered Agent	81 Name	10. Name and Address of New Registers	ed Agent
-cpr	AGUE, PATRICK P			JAMES M. 78E	13A
1904 E. BUSCIA BLVD:			82 Street Add	ess (P.O. Box rember is Not Acceptable)	Ave.
TAM	PA-FL (1919) (1919)		83	12/10/2000	
314 31 ⁴⁴			84 City	<u> </u>	95 Zin Code
•				ODESSA F	
office or a	to the provisions of Sections 607,0502 a egistered agent, or both, in the State of m familiar with, and an apt the obligation	Florida. Such change was auti	horized by the corporate	oration submits this statement for the purpose on's board of directors. I hereby accept the app	pointment as registered
SIGNATURE	stanes M Tout	a President	egistered Agent signature requir	d whos rejectation) DATE	4-22-99
12.	Signature typed or printed name of registered agent are OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PTD	☐ DELETE	1.1 TITLE		Change Addition
NAME	TORBA, JAMES M		1.2 NAME	13127 ROYAL GLOR ODES:34, R. 335	Le Are
STREET ADDRESS	8602 THIMBLEBERRY LANE.		1.3 STREET ADDRESS	13127 KOYAL 0000	17
CITY-ST-ZIP	TAMPA FL 33635		1.4 CITY-ST-ZIP	ODESSA, PC. 5355	5/0
TITLE	VSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TORBA, KATRINA		22 NAME	13,27 Royan Gloce ODES: SA, FC. 335	ee AVR
STREET ADDRES }	8602 THIMBLEBERRY LANE		2.3 STREET ADDRESS	13101 G 325	-7
CITY-ST-ZIP	TAMPA FL 33635		2. 4 CITY-ST-ZIP	UDLES-SA, PC. 335	3 John Addition
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRES 3			3.3 STREET ADDRESS		
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
TITLE		☐ DELETE			
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE	_		5.1 HILE 5.2 NAME		
NAME	SIC		5.3 STREET ADDRESS		
STREET ADDRESS	H E.	RE	5.4 CITY-ST-ZIP		
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition

14. I hereby certify that the information supplied will 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 supplied in full 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 receipt of 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 attactment with an address, with all other like empowered.

6.2 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

8.3-632-6893 x17

CR2E034 (11/98)