2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000059480

1. Entity Name POWER PARK ENTERPRISES, INC.

Principal Place of Business

Mailing Address

2983 N. POWERLINE RD.

2983 N. POWERLINE RD.

FILED May 04, 2000 8:00 am Secretary of State

04-12-2000 90160 050 ***150.00

POMPNAO BEACH FL 33069		POMPNAO BEACH FL 33069-1011		1				
2. Principal Place of Business 3. Mailing Address								
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Zip 33941	Country	Zip 0 33442	Country	5. 0	Certificate of Status Desired	S8.75 Add Fee Required		
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Name and Address of Current I	Registered Agent		7. N	lame and Address of New Regi	stered Agent		
The second secon				Name				
ELLMAN, EDWARD R			Name Name Column Column					
2983 N. POWERLINE RD.			Street Address (P.O. Box Number is Not Acceptable)					
POMPNAO BEACH FL 3069			ומרמו	Δ F I	Newport CIR	n.R		
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8. The above	named entity submits the statement for	r the purpose of changing its regi	istered office or r	egistered ag	ent, or poin, in the State of Fiorio	a.		
					110	7~1/2		
SIGNATURE S	Signature, typed or printed name of registered agent :	ditto if governotion (MOTS: Pay	gistered Agent signature	was itsed when sa	instation)	DATE	\	
	Signature, typed or printed name of registered agent a	and the if appecable. (4012: Not	Sistered Agent signature	1 tedaroc wrentin	n islawig)	DAIE		
9. This corpo	ration is eligible to satisfy its (ntangible	FILE NOW!!! F	FEE IS \$150.00)	10. Election Campaign Finan	cina 95 0	0 May Be	
Tax filing requirement and elects to do so. After MAY 1, 2000					Trust Fund Contribution.	2 4010	to Fees	
(See criteri	ia on back)	Make Check Payable t	to Department					
11.	OFFICERS AND	DIRECTORS	12.	AE	DITIONS/CHANGES TO OFFICE			=
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indicated	certify that the information supplied of d on this report or supplemental report rporation or the receipt of trustee emp , or on an attachment with an address,	n this tiling does not guality for th is true and accurate and that my	signature shall h	ave the same	e legal effect as if made under of	ith; that I am an office	er or director	1
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SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #