

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

FILED

Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name: **V46764**
Power Team Inc

Principal Place of Business: **4591 W. Atlantic Ave**
Mailing Address: **Delray Beach, FL 33445**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 DBA Good Stuff Furn	26 4591 W Atlantic Ave	6-29-92	
22 4591 W Atlantic Ave	27	4. FEI Number	Applied For
23 Delray Beach, FL	28 Delray Beach, FL	65-0344879	Not Applicable
24 33445	29 33445	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Palm Beach	30 Palm Beach	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name	JUDY STONE
		82 Street Address (P.O. Box Number is Not Acceptable)	3201 BLACK OAK CT
		83	#
		84 City	BOYNTON BCH FL
		85 Zip Code	33436

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	President <input checked="" type="checkbox"/> DELETE	13.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.2 NAME	Jim Manchester	13.2 NAME	JACK STONE
12.3 STREET ADDRESS	55285-62 Monterey Cir	13.3 STREET ADDRESS	3201 BLACK OAK CT
12.4 CITY-ST-ZIP	Delray Beach, FL 33484	13.4 CITY-ST-ZIP	Boynton Bch, FL 33406
12.5 TITLE	<input type="checkbox"/> DELETE	13.5 TITLE	JUDY STONE / VICE PRES <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12.6 NAME		13.6 NAME	JUDY STONE
12.7 STREET ADDRESS		13.7 STREET ADDRESS	3201 BLACK OAK CT
12.8 CITY-ST-ZIP		13.8 CITY-ST-ZIP	Boynton Bch, FL 33406
12.9 TITLE	<input type="checkbox"/> DELETE	13.9 TITLE	
12.10 NAME		13.10 TITLE	
12.11 STREET ADDRESS		13.11 NAME	
12.12 CITY-ST-ZIP		13.12 STREET ADDRESS	
12.13 TITLE	<input type="checkbox"/> DELETE	13.13 CITY-ST-ZIP	
12.14 NAME		13.14 CITY-ST-ZIP	
12.15 STREET ADDRESS		13.15 CITY-ST-ZIP	
12.16 CITY-ST-ZIP		13.16 CITY-ST-ZIP	
12.17 TITLE	<input type="checkbox"/> DELETE	13.17 CITY-ST-ZIP	
12.18 NAME		13.18 CITY-ST-ZIP	
12.19 STREET ADDRESS		13.19 CITY-ST-ZIP	
12.20 CITY-ST-ZIP		13.20 CITY-ST-ZIP	
12.21 TITLE	<input type="checkbox"/> DELETE	13.21 CITY-ST-ZIP	
12.22 NAME		13.22 CITY-ST-ZIP	
12.23 STREET ADDRESS		13.23 CITY-ST-ZIP	
12.24 CITY-ST-ZIP		13.24 CITY-ST-ZIP	
12.25 TITLE	<input type="checkbox"/> DELETE	13.25 CITY-ST-ZIP	
12.26 NAME		13.26 CITY-ST-ZIP	
12.27 STREET ADDRESS		13.27 CITY-ST-ZIP	
12.28 CITY-ST-ZIP		13.28 CITY-ST-ZIP	
12.29 TITLE	<input type="checkbox"/> DELETE	13.29 CITY-ST-ZIP	
12.30 NAME		13.30 CITY-ST-ZIP	
12.31 STREET ADDRESS		13.31 CITY-ST-ZIP	
12.32 CITY-ST-ZIP		13.32 CITY-ST-ZIP	
12.33 TITLE	<input type="checkbox"/> DELETE	13.33 CITY-ST-ZIP	
12.34 NAME		13.34 CITY-ST-ZIP	
12.35 STREET ADDRESS		13.35 CITY-ST-ZIP	
12.36 CITY-ST-ZIP		13.36 CITY-ST-ZIP	
12.37 TITLE	<input type="checkbox"/> DELETE	13.37 CITY-ST-ZIP	
12.38 NAME		13.38 CITY-ST-ZIP	
12.39 STREET ADDRESS		13.39 CITY-ST-ZIP	
12.40 CITY-ST-ZIP		13.40 CITY-ST-ZIP	
12.41 TITLE	<input type="checkbox"/> DELETE	13.41 CITY-ST-ZIP	
12.42 NAME		13.42 CITY-ST-ZIP	
12.43 STREET ADDRESS		13.43 CITY-ST-ZIP	
12.44 CITY-ST-ZIP		13.44 CITY-ST-ZIP	
12.45 TITLE	<input type="checkbox"/> DELETE	13.45 CITY-ST-ZIP	
12.46 NAME		13.46 CITY-ST-ZIP	
12.47 STREET ADDRESS		13.47 CITY-ST-ZIP	
12.48 CITY-ST-ZIP		13.48 CITY-ST-ZIP	
12.49 TITLE	<input type="checkbox"/> DELETE	13.49 CITY-ST-ZIP	
12.50 NAME		13.50 CITY-ST-ZIP	
12.51 STREET ADDRESS		13.51 CITY-ST-ZIP	
12.52 CITY-ST-ZIP		13.52 CITY-ST-ZIP	
12.53 TITLE	<input type="checkbox"/> DELETE	13.53 CITY-ST-ZIP	
12.54 NAME		13.54 CITY-ST-ZIP	
12.55 STREET ADDRESS		13.55 CITY-ST-ZIP	
12.56 CITY-ST-ZIP		13.56 CITY-ST-ZIP	
12.57 TITLE	<input type="checkbox"/> DELETE	13.57 CITY-ST-ZIP	
12.58 NAME		13.58 CITY-ST-ZIP	
12.59 STREET ADDRESS		13.59 CITY-ST-ZIP	
12.60 CITY-ST-ZIP		13.60 CITY-ST-ZIP	
12.61 TITLE	<input type="checkbox"/> DELETE	13.61 CITY-ST-ZIP	
12.62 NAME		13.62 CITY-ST-ZIP	
12.63 STREET ADDRESS		13.63 CITY-ST-ZIP	
12.64 CITY-ST-ZIP		13.64 CITY-ST-ZIP	
12.65 TITLE	<input type="checkbox"/> DELETE	13.65 CITY-ST-ZIP	
12.66 NAME		13.66 CITY-ST-ZIP	
12.67 STREET ADDRESS		13.67 CITY-ST-ZIP	
12.68 CITY-ST-ZIP		13.68 CITY-ST-ZIP	
12.69 TITLE	<input type="checkbox"/> DELETE	13.69 CITY-ST-ZIP	
12.70 NAME		13.70 CITY-ST-ZIP	
12.71 STREET ADDRESS		13.71 CITY-ST-ZIP	
12.72 CITY-ST-ZIP		13.72 CITY-ST-ZIP	
12.73 TITLE	<input type="checkbox"/> DELETE	13.73 CITY-ST-ZIP	
12.74 NAME		13.74 CITY-ST-ZIP	
12.75 STREET ADDRESS		13.75 CITY-ST-ZIP	
12.76 CITY-ST-ZIP		13.76 CITY-ST-ZIP	
12.77 TITLE	<input type="checkbox"/> DELETE	13.77 CITY-ST-ZIP	
12.78 NAME		13.78 CITY-ST-ZIP	
12.79 STREET ADDRESS		13.79 CITY-ST-ZIP	
12.80 CITY-ST-ZIP		13.80 CITY-ST-ZIP	
12.81 TITLE	<input type="checkbox"/> DELETE	13.81 CITY-ST-ZIP	
12.82 NAME		13.82 CITY-ST-ZIP	
12.83 STREET ADDRESS		13.83 CITY-ST-ZIP	
12.84 CITY-ST-ZIP		13.84 CITY-ST-ZIP	
12.85 TITLE	<input type="checkbox"/> DELETE	13.85 CITY-ST-ZIP	
12.86 NAME		13.86 CITY-ST-ZIP	
12.87 STREET ADDRESS		13.87 CITY-ST-ZIP	
12.88 CITY-ST-ZIP		13.88 CITY-ST-ZIP	
12.89 TITLE	<input type="checkbox"/> DELETE	13.89 CITY-ST-ZIP	
12.90 NAME		13.90 CITY-ST-ZIP	
12.91 STREET ADDRESS		13.91 CITY-ST-ZIP	
12.92 CITY-ST-ZIP		13.92 CITY-ST-ZIP	
12.93 TITLE	<input type="checkbox"/> DELETE	13.93 CITY-ST-ZIP	
12.94 NAME		13.94 CITY-ST-ZIP	
12.95 STREET ADDRESS		13.95 CITY-ST-ZIP	
12.96 CITY-ST-ZIP		13.96 CITY-ST-ZIP	
12.97 TITLE	<input type="checkbox"/> DELETE	13.97 CITY-ST-ZIP	
12.98 NAME		13.98 CITY-ST-ZIP	
12.99 STREET ADDRESS		13.99 CITY-ST-ZIP	
12.100 CITY-ST-ZIP		14.00 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 my address.

SIGNATURE: **JACK STONE II** 3-24-97 561-637-8513
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

4/15/97