

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **V50005** (0)

1. Corporation Name

**POWER SOLUTIONS, INC.**



Principal Place of Business

Mailing Address

**6560 W ROGERS CIR  
BOCA RATON FL 33487**

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BOCA RATON FL 33487**

3. Date Incorporated or Qualified  
**07/10/1992**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number

**65-0349839**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21. **990 S ROGERS CIR**

Suite, Apt. #, etc.

22. **SUITE 4**

City & State

23. **BOCA RATON FL**

Zip

24. **33487**

Country

25. **USA**

2a. Mailing Address

26. **990 S ROGERS CIR**

Suite, Apt. #, etc.

27. **SUITE 4**

City & State

28. **BOCA RATON FL**

Zip

29. **33487**

Country

30. **USA**

9. Name and Address of Current Registered Agent

**FALKOWSKI, JAMES M  
4910 SHERWOOD FOREST DR  
DELRAY BEACH FL 33445**

10. Name and Address of New Registered Agent

81. Name

**PAUL A. SCOTT**

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

**1374 MULBERRY WAY**

83.

84. City

**BOCA RATON**

85. State

**FL**

Zip Code

**33486**

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

*Paul A. Scott*  
Signature typed or printed name of registered agent and title if applicable.

**PAUL A. SCOTT, PRESIDENT**

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                 |                           |  |
|-----------------|---------------------------|--|
| TITLE           | <b>D</b>                  | <input type="checkbox"/> DELETE            |
| NAME            | <b>SCOTT, PAUL A</b>      |  |
| STREET ADDRESS  | <b>6560 W ROGERS CIR</b>  |  |
| CITY - ST - ZIP | <b>BOCA RATON FL</b>      |  |
| TITLE           | <b>D</b>                  | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>FALKOWSKI, JAMES M</b> |  |
| STREET ADDRESS  | <b>6560 W ROGERS CIR</b>  |  |
| CITY - ST - ZIP | <b>BOCA RATON FL</b>      |  |
| TITLE           |                           | <input type="checkbox"/> DELETE            |
| NAME            |                           |  |
| STREET ADDRESS  |                           |  |
| CITY - ST - ZIP |                           |  |
| TITLE           |                           | <input type="checkbox"/> DELETE            |
| NAME            |                           |  |
| STREET ADDRESS  |                           |  |
| CITY - ST - ZIP |                           |  |
| TITLE           |                           | <input type="checkbox"/> DELETE            |
| NAME            |                           |  |
| STREET ADDRESS  |                           |  |
| CITY - ST - ZIP |                           |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                     |                                |  |
|---------------------|--------------------------------|--|
| 1.1 TITLE           | <b>V/S</b>                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME            | <b>MICHELLE STEDHAM</b>        |  |
| 1.3 STREET ADDRESS  | <b>990 S ROGERS CIR, STE 4</b> |  |
| 1.4 CITY - ST - ZIP | <b>BOCA RATON, FL 33487</b>    |  |
| 2.1 TITLE           | <b>P/D</b>                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>PAULA SCOTT</b>             |  |
| 2.3 STREET ADDRESS  | <b>990 S ROGERS CIR, STE 4</b> |  |
| 2.4 CITY - ST - ZIP | <b>BOCA RATON, FL 33487</b>    |  |
| 3.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                |  |
| 3.3 STREET ADDRESS  |                                |  |
| 3.4 CITY - ST - ZIP |                                |  |
| 4.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                |  |
| 4.3 STREET ADDRESS  |                                |  |
| 4.4 CITY - ST - ZIP |                                |  |
| 5.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                |  |
| 5.3 STREET ADDRESS  |                                |  |
| 5.4 CITY - ST - ZIP |                                |  |
| 6.1 TITLE           |                                | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                |  |
| 6.3 STREET ADDRESS  |                                |  |
| 6.4 CITY - ST - ZIP |                                |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Paul A. Scott*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**PAULA SCOTT**

Date

**407-241-0604**

Daytime Phone #

CR2E034 (12/95)