

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

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**Apr 02, 1999 8:00 am**  
**Secretary of State**

04-02-1999 90066 031 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F98000002335**

1. Corporation Name  
**SHOWPOWER, INC.**



Principal Place of Business: 18128 SOUTH SANTA FE AVE. RANCHO DOMINIQUEZ CA 90221  
 Mailing Address: 18128 SOUTH SANTA FE AVE. RANCHO DOMINIQUEZ CA 90221

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/23/1998**  
 4. FEI Number: **APPLIED FOR 95-4678707**  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing:  \$5.00 May Be Added to Fees  
 8. This corporation owes the current year Intangible Personal Property Tax:  Yes  No

2. Principal Place of Business: 21 **18420 S. SANTA FE AVE**  
 2a. Mailing Address: 26 **18420 S. SANTA FE AVE**  
 22. City & State: 23 **RANCHO DOMINIQUEZ CA**  
 27. City & State: 28 **RANCHO DOMINIQUEZ CA**  
 24. Zip: 25 **90221**  
 29. Zip: 30 **90221**

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ADES, JOSEPH A</b>	
STREET ADDRESS	<b>18128 SOUTH SANTA FE AVE.</b>	
CITY-ST-ZIP	<b>RANCHO DOMINIQUEZ CA 90221</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BERNSTEIN, DAVID C</b>	
STREET ADDRESS	<b>18420 SOUTH SANTA FE AVE.</b>	
CITY-ST-ZIP	<b>RANCHO DOMINIQUEZ CA 90221</b>	
TITLE	<b>DCEO</b>	<input type="checkbox"/> DELETE
NAME	<b>CAMPION, JOHN J</b>	
STREET ADDRESS	<b>18420 SOUTH SANTA FE AVE.</b>	
CITY-ST-ZIP	<b>RANCHO DOMINIQUEZ CA 90221</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MASTERSON, ROBERT E</b>	
STREET ADDRESS	<b>18420 SOUTH SANTA FE AVE.</b>	
CITY-ST-ZIP	<b>RANCHO DOMINIQUEZ CA 90221</b>	
TITLE	<b>DC</b>	<input type="checkbox"/> DELETE
NAME	<b>STONE, JEFFREY B</b>	
STREET ADDRESS	<b>18420 SOUTH SANTA FE AVE.</b>	
CITY-ST-ZIP	<b>RANCHO DOMINIQUEZ CA 90221</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, LAURENCE</b>	
STREET ADDRESS	<b>18420 SOUTH SANTA FE AVE.</b>	
CITY-ST-ZIP	<b>RANCHO DOMINIQUEZ CA 90221</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>CARRINO, VINCENT A</b>	
1.3 STREET ADDRESS	<b>18420 S. SANTA FE AVENUE</b>	
1.4 CITY-ST-ZIP	<b>RANCHO DOMINGUEZ, CA 90221</b>	
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>JACKSON, ERIC C</b>	
2.3 STREET ADDRESS	<b>18420 S. SANTA FE AVENUE</b>	
2.4 CITY-ST-ZIP	<b>RANCHO DOMINGUEZ, CA 90221</b>	
3.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>ROSNER, GARY</b>	
3.3 STREET ADDRESS	<b>18420 S. SANTA FE AVENUE</b>	
3.4 CITY-ST-ZIP	<b>RANCHO DOMINGUEZ, CA 90221</b>	
4.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>CRABBE, MICHAEL C.</b>	
4.3 STREET ADDRESS	<b>18420 S. SANTA FE AVENUE</b>	
4.4 CITY-ST-ZIP	<b>RANCHO DOMINGUEZ, CA 90221</b>	
5.1 TITLE	<b>VP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>LANDA, GREGORY S</b>	
5.3 STREET ADDRESS	<b>18420 S SANTA FE AVENUE</b>	
5.4 CITY-ST-ZIP	<b>RANCHO DOMINGUEZ, CA 90221</b>	
6.1 TITLE	<b>EVP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>BERNSTEIN, STEPHEN R</b>	
6.3 STREET ADDRESS	<b>18420 S SANTA FE AVENUE</b>	
6.4 CITY-ST-ZIP	<b>RANCHO DOMINGUEZ, CA 90221</b>	

14. 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, with all other like empowered.

SIGNATURE: *Stephen R. Bernstein* **STEPHEN R. BERNSTEIN** 3/30/99 310-604-9676  
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/1/98)