

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **L85331 (1)**
 1. Corporation Name
POWERPAK COMMUNICATIONS, INC.

FILED
 96 AUG 30 AM 11:20



Principal Place of Business: **4940 NORTHDALE BOULEVARD TAMPA FL 33624 US**
 Mailing Address: **% GARY M. COHEN 3408 ROSEVILLE CT TAMPA FL 33618**

3. Date Incorporated or Qualified: **07/05/1990** 3a. Date of Last Report: **06/22/1995**
 4. FEI Number: **59-3016197** 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**
 2a. Mailing Address: **26 100 Avenue of Americas**
 Suite, Apt #, etc.: **27 9th Floor**
 City & State: **28 NEW YORK, NY**
 Zip: **29 10013** Country: **30**

9. Name and Address of Current Registered Agent
COHEN, GARY M. 3408 ROSEVILLE CT TAMPA FL 33618

10. Name and Address of New Registered Agent
81 Name: JOBSON Publishing Company
82 Street Address (P.O. Box Number, Not Applicable): 4940 NORTHDALE BLVD
83 TAMPA Florida
84 FL 85 Zip Code: 33624

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: *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE: **7/30/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, GARY M.	1.2 NAME	
STREET ADDRESS	3408 ROSEVILLE CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CROCCO, MICHAEL J.	2.2 NAME	JOHN FERRON
STREET ADDRESS	15814 GLENARN DR	2.3 STREET ADDRESS	100 AVENUE OF AMERICAS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	NY NY 10013
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	000001941850
NAME		3.2 NAME	-09/09/96--01012--013
STREET ADDRESS		3.3 STREET ADDRESS	****225.00 ****225.00
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **6/25/96 212-274-7049**

CR2E034 (3/96)