FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 PM 1:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L29478 (9)

1. Corporation Name
MARKETPOWER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
~~8001 NORTH DALE MABRY~~ ~~SUITE 801B~~ ~~TAMPA FL 33614~~	~~8001 NORTH DALE MABRY~~ ~~SUITE 801B~~ ~~TAMPA FL 33614~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 11/13/1989
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business	2a. Mailing Address
21 905 M.L.K, Jr Dr	26
Suite, Apt. #, etc. 22 320	Suite, Apt. #, etc. 27 SAME
City & State 23 Tarpon Springs, Fl.	City & State 28
Zip / Country 24 34689 / 25 Pinellas	Zip / Country 29 / 30

4. FEI Number: 59-2980911 — 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FOSTER, SUZANNE F. ~~8001 NORTH DALE MABRY~~ ~~SUITE 801B~~ TAMPA FL 33614	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 905 MLK Jr Dr 83 Suite 320 84 City: Tarpon Springs FL 85 Zip Code: 34689

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: Suzanne F Foster 4-24-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	☒ Change ☐ Addition
NAME	FOSTER, SUZANNE F.	1.2 NAME	
STREET ADDRESS	~~8001 N. DALE MABRY~~	1.3 STREET ADDRESS	905 MLK. Jr Dr.
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	Tarpon Springs, Fl. 34689
TITLE	DV	2.1 TITLE	☒ Change ☐ Addition
NAME	FOSTER, STEPHEN J.	2.2 NAME	
STREET ADDRESS	8001 N. DALE MABRY	2.3 STREET ADDRESS	905 MLK. Jr. Dr
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	Tarpon Springs Fl. 34689
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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)(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.

SIGNATURE: Stephen J Foster Stephen J Foster 4/23/95 (813) 937-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0896604 CP