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

0495935

PROFIT CORPORATION ANNUAL REPORT

**1999**

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

**FILED**
**Apr 25, 1999 8:00 am**
**Secretary of State**
04-25-1999 90001 018 ***150.00

DOCUMENT # L29478

1. Corporation Name
MARKETPOWER ENTERPRISES, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 38856 US HWY 19 N<br>TARPON SPRINGS FL 34689<br>US | 38856 US HWY 19 N<br>TARPON SPRINGS FL 34689<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/13/1989

4. FEI Number: 59-2980911 ☐ Applied For ☐ Not Applicable

5. Certifcate 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☑ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 3068 Autumn Dr | 26 3068 Autumn Dr |
| Suite, Apt. #, etc.<br>22 Palm Harbor, Fl. | Suite, Apt. #, etc.<br>27 Palm Harbor, Fl |
| City & State<br>23 34683 Pinellas | City & State<br>28 34683 Pinellas |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 |

**9. Name and Address of Current Registered Agent**

FOSTER, SUZANNE F.
905 MLK JR. DR.
SUITE 320
TARPON SPRINGS FL 34689

**10. Name and Address of New Registered Agent**

81 Name: Foster Suzanne F
82 Street Address (P.O. Box Number is Not Acceptable): 3068 Autumn Dr
83 Palm Harbor, Fl. 34683
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 | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | DPT | ☐ DELETE | 1.1 TITLE | DPT | ☑ Change ☐ Addition |
| NAME | FOSTER, SUZANNE F. | | 1.2 NAME | Foster Suzanne F. | |
| STREET ADDRESS | ~~905 M.L.K. JR DR.~~ | | 1.3 STREET ADDRESS | 3068 Autumn Dr. | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 1.4 CITY-ST-ZIP | Palm Harbor, Fl. 34683 | |
| TITLE | DV | ☐ DELETE | 2.1 TITLE | DV | ☑ Change ☐ Addition |
| NAME | FOSTER, STEPHEN J. | | 2.2 NAME | Foster Stephen J | |
| STREET ADDRESS | ~~905 M.L.K. JR DR.~~ | | 2.3 STREET ADDRESS | 3068 Autumn Dr | |
| CITY-ST-ZIP | TARPON SPRINGS FL | | 2.4 CITY-ST-ZIP | Palm Harbor, Fl 34683 | |
| TITLE | | ☐ DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP | | |

CR2E034 (1.1/98)

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 J Foster Stephen J Foster 4/15/99 727-772-8880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #