## 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 #

SIGNATURE:

P95000060284 (3)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1. Corporation	JED POWER TECHNOLOGII		P) 		
677 GEOR	GE KING BLVD	Mailing Address 677 GEORGE KING E SUITE 106 CAPE CANAVERAL FI			
				<ol> <li>Date Incorporated or Qualified 08/04/1995</li> </ol>	3a. Date of Last Report
2. Principal Pla 21 357 1	ace o' Business MARKIAL Blvd	2a. Mailing Address	oceal Blod	4. FEI Number 59-3328604	Applied For
Suite, Apt. :		Suite, Apt. #, etc.	The state of the s	5. Certificate of Status Desired	Not Applicable \$8.75 Additional
City & State	CANNOVERAL, Fl	City & State	00 01	6. Election Campaign Financing	Fee Required
Zip	Country 20 of LICA	28 Cope Canonies	Country	Trust Fund Contribution  8. This corporation has liability for i	Added to Fees
24 70 1	9. Name and Address of Current	Pu	30 USA		□ No
			81 Name	TO. Name and Address of New K	egistered Agent
CALLAHAN, JANE D 800 N MAGNOLIA AVE			<u> </u>	ess (P.O. Box Number is Not Acceptab	le)
SUITE Ori an	1500 IDO FL 32803		83		
OnDat	100 1 E 02003		84 City		85 Zip Code
familiar with	h, and accept the obligations of, Section	n 607.0505, Florida Statutes.	o sy mo corporation a poart	ation submits this statement for the purp d of directors. I hereby accept the appo	pose of changing its registered office pintment as registered agent. I am
12.	Signature, typed or printed name of registered agent a OFFICERS AND		Registered Agent signature required 13.	<del></del>	DATE
TITLE	D	DELETE	1 1 TITLE	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12  Change
NAME	DETREVILLE, THOMAS B		1.2 NAME		C change C Manifold
STHEET ADDRESS	677 GEORGE KING BLVD SE		1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	CAPE CANAVERAL FL 32920		1.4 CITY-ST-ZIP		
NAME		☐ DELETE	2 1 TITLE		☐ Change ☐ Addition
STREET ADDRESS			2 2 NAME		
CITY-ST-ZIP			2.3 STREET ADDRESS		
TITLE		DELETE	2.4 C(TY - ST - Z(P 3. 1 T(TLE		Change Change
NAME			3.2 NAME		Change Addition
STREET ADDRESS			3.3. STREET ADDRESS		
CHTY-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		
THILE		☐ DELETE	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY - ST-ZIP			5.3 STREET ADDRESS		
TITLE		☐ DELETE	5.4 CHY-ST-ZIP		
NAME		Poterie	6 1 TITLE		Change 🔲 Addition
STREET ADDRESS			6.2 NAME		
CITY-S1-ZIP			6 3 STREET ADDRESS		
14. I do hereby of certify that the cath; that I a appears in E	certify that the information supplied wit the information indicated on this annual am an officer or director of the control Block 12 or Block 13 if changes,	this filing is voluntarily furnish report or supplemental annual ion or the receiver or trustee e an attachment with an address	ed and does not qualify for report is true and accurate mpowered to execute this res.	the exemption stated in Section 119.07 and that my signature shall have the sa eport as required by Chapter 607, Flori	7(3)(k), Florida Statutes. I further ame legal effect as if made under ida Statutes; and that my name