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

Mailing Address

21625 NESTING COURT

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

21625 NESTING COURT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 11 1997 8:00am

Secretary of State

813 971 7950

Sandra B. Mortham

Secretary of State **
DIVISION OF CORPORATIONS

DOCUMENT # P96000075512 (9)

ACE POWER EQUIPMENT, INC.

LUTZ FL 33549	l	LUIZ FL 33549-4151						
						3. Date Incorporated or Qualified 3a. Date of Last Report 09/09/1996		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number Applied For		
21		26	;			59-3417245 Not Applicable		
Suite, Apt #	⊭, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired See Regulred Fee Regulred		
City & State	!	City & State	Timber T			6. Election Campaign Financing \$5.00 May 8e		
23		28	28			Trust Fund Contribution Added to Fees		
Zıp	Country	Zıp	Co	untry		This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Florida Statutes Yes No		
	9, Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent		
BELL	L, CHARLES R			81	Name	3		
21825 NESTING COURT					82 Street Address (P.O. Box Number is Not Acceptable)			
LUTZ FL 33549					50 Street Address (F.O. Dox Humber is Not Acceptable)			
LOTA	L 1 C 000 10			83				
				84	City	FL 85 Zip Code		
office or re agent. I an SIGNATURE	egistered agent, or both, in the Stat in familiar with, and accept the obli	te of Florida, Such change was gations of, Section 607.0505, I	s authorize Florida Sta	ed by	the corp s.	d corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered		
	Signature, typed or printed name of registered a			ad Age	ni signature	re required when reinstaling) DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE		17LE		Change Addition		
NAME	BELL, CHARLES R		1.2 }	AME				
STREET ADDRESS	21625 NESTING COURT		1.3 9	STREET	ADDRESS			
CITY-ST-ZIP	LUTZ FL 33549			ITY-\$	T-ZIP			
TITLE		☐ DELETE	2.1 1	IILE		Change Addition		
NAME			2.21	NAME				
STREET ADDRESS			2.3 9	STREET	ADDRESS			
CHY-ST-ZIP			2.4	CITY-S	ST - ZIP	and produced the state of the second		
TITLE		DELETE	3.11	ITLE		Change Addition		
NAME			3.21	NAME				
STREET ADDRESS			3.3 9	STREET	ADDRESS	;		
CITY-ST-ZIP			3.4.	CITY-S	ST-ZIP			
TITLE		DELETE	4.11	TITLE		Change Addition		
NAME			4.2	NAME				
STREET ADDRESS			4.3 5	STREET	ADDRESS			
CITY-ST-ZIP			4.4 (CITY - S	ST-ZIP			
TITLE		DELETE		TITLE		Change Addition		
NAME			- 1	VAME				
STHEET ADDRESS			l l		ADDRESS			
CITY-SI-ZIP				DITY-5				
THE		☐ DELETE	***********	TITLE	, : LA	Change Addition		
NAME .				NAME				
STREET ADDRESS					ADDRESS			
CITY+S1-ZIP	ny certify that the information supplier	ied with this filing does not au		CITY-S		stated in Section 119.07(3)(i), Florida Statutes. I further certify that the		
informatio	n indicated on this annual report or	r supplemental annual report is or the receiver or trustee emp	s true and owered to	accu	urate and	nd that my signature shall have the same legal effect as if made under oath; that is report as required by Chapter 607, Florida Statutes; and that my name		