

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

**FILED**

**May 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000083992 (3)**  
 1. Corporation Name  
**ACCESS POWER, INC.**



Principal Place of Business <del>100 NAUTILUS LANE</del> <b>10033 Sawgrass Dr. W.</b> PONTE VEDRA BEACH FL 32082	Mailing Address P.O. BOX 295 PONTE VEDRA BEACH FL 32004-0295
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21 100 33 Sawgrass Dr W.</b> Suite, Apt. #, etc. <b>22 #100</b> City & State <b>23 Ponte Vedra Bch. FL.</b> Zip <b>24 32082</b> Country <b>25 USA.</b>	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	3. Date Incorporated or Qualified <b>10/10/1996</b>	4. FEI Number <b>59-3420985</b> Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SMITH, GLENN</b> <b>98 SANCHEZ DRIVE EAST</b> <b>PONTE VEDRA BEACH FL 32082</b>	10. Name and Address of New Registered Agent <b>81 Name Smith, Glenn</b> <b>82 Street Address (P.O. Box Number is Not Acceptable) 149 Sea Lily Lane</b> <b>83</b> <b>84 City Ponte Vedra Bch. FL 85 Zip Code 32082</b>
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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	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD SMITH, GLENN A</b>	1.2 NAME	<b>Smith, Glenn A.</b>
STREET ADDRESS	<b>98 SANCHEZ DRIVE EAST</b>	1.3 STREET ADDRESS	<b>149 Sea Lily Lane</b>
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	1.4 CITY-ST-ZIP	<b>Ponte Vedra Beach FL 32082</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D PITTS, MICHAEL L</b>	2.2 NAME	
STREET ADDRESS	<b>108 NAUTILUS LANE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PONTE VEDRA BEACH FL 32082</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
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 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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **4/22/98** **UNA 272-2412**

CP2E034 (10/97)