

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V39551 (9)
 1. Corporation Name
DIVERSIFIED POWER SOLUTIONS, INCORPORATED



Principal Place of Business 104 E FOWLER AVE SUITE 100B TAMPA FL 33612 US	Mailing Address 104 E FOWLER AVE SUITE 100B TAMPA FL 33612-5225 US
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3. Date Incorporated or Qualified 05/29/1992	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 3170 - 36th Ave N. Suite, Apt. #, etc.	2a. Mailing Address 26 3170 - 36th Ave N. Suite, Apt. #, etc.
22 City & State St. Petersburg, FL	27 City & State St. Petersburg, FL
23 Zip 33713	28 Country USA
24 33713	25 USA
29 33713	30 USA

4. FEI Number 59-3125404	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**JENKS, ALBERT B JR.
2501 HIGH OAKS LANE
LUTZ FL 33549**

10. Name and Address of New Registered Agent

81 Name NICK A. PUSTA
82 Street Address (P.O. Box Number is Not Acceptable) 3170 - 36th Avenue N.
83
84 City St. Petersburg
85 Zip Code FL 33713

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

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

4-25-97

12. OFFICERS AND DIRECTORS		
TITLE	PVTS	<input checked="" type="checkbox"/> DELETE
NAME	JENKS, ALBERT BRYANT	
STREET ADDRESS	2501 HIGH OAKS LANE	
CITY - ST - ZIP	LUTZ FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NICK A. PUSTA	
1.3 STREET ADDRESS	3170 - 36th Avenue N.	
1.4 CITY - ST - ZIP	St. Petersburg, FL 33713	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	KENNETH M. ELDER	
2.3 STREET ADDRESS	3170 - 36th Avenue N.	
2.4 CITY - ST - ZIP	St. Petersburg, FL 33713	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97

Date

813-527-6207

Daytime Phone #

CR2E034 (9/96)