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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 752869

1. Corporation Name

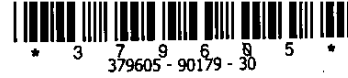
YUKAN POWER INC.

Principal Place of Business

5924 YORKSHIRE RD
TAMPA FL 33634
US

Mailing Address

5924 YORKSHIRE RD.
TAMPA FL 33634
US



2. Principal Place of Business

21 **1804 Lakewind Dr.**

Suite, Apt. #, etc.

22 **Brandon, FL**

City & State

23 **Brandon, FL**

Zip

24 **33510** 25 **USA**

Country

2a. Mailing Address

26 **1804 Lakewind Dr.**

Suite, Apt. #, etc.

27 **---**

City & State

28 **Brandon, FL**

Zip

29 **33510** 30 **USA**

Country

3. Date Incorporated or Qualified

06/10/1980

4. FEI Number

59-2152245

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

10. Name and Address of New Registered Agent

81 Name

Daniel Whittman

82 Street Address (P.O. Box Number is Not Acceptable)

1804 Lakewind Dr.

83

84 City

Brandon

FL

85 Zip Code

33510

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **Daniel Whittman**

Signature, typed or printed name of registered agent and title if applicable.

Daniel Whittman

(NOTE: Registered Agent signature required when reinstating)

4/15/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DPS**
STREET ADDRESS **WHITTMAN, DANIEL**
CITY-ST-ZIP **5924 YORKSHIRE RD. TAMPA FL**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **MACGROGAN, SUSAN E**
CITY-ST-ZIP **2507 LAKE ELLEN CIR TAMPA FL**

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **WHITTMAN, BARBARA**
CITY-ST-ZIP **5924 YORKSHIRE RD. TAMPA FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1804 Lakewind Dr.**
1.4 CITY-ST-ZIP **Brandon, FL 33510**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1804 Lakewind Dr.**
3.4 CITY-ST-ZIP **Brandon, FL 33510**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, 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: **Daniel Whittman** **4/15/99** **813-643-2838**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0051514

CR2E037 (11/98)