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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H13854 (5)

1. Corporation Name
ISLAND POWER PRODUCTS, INC.



Principal Place of Business
13921 WATERFRONT DRIVE
PINELAND FL 33945
US

Mailing Address
P.O. BOX 13
PINELAND FL 33945-0013
US

3. Date Incorporated or Qualified 07/25/1984
3a. Date of Last Report 03/04/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 59-2434265
Applied For Not Applicable

21 State, Apt. #, etc.

26 PO Box 301
State, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTSON, RUSSELL W.
14120 BOKEELINA RD
PINELAND FL 33945

81 Name

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

83

84 City

FL

85 Zip Code

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Table with columns for Title, Name, Street Address, City-St-Zip, and a DELETE checkbox. Row 1: PST MATTSON, RUSSELL W., 5490 DOUG TAYLOR CIRCLE, ST. JAMES CITY FL.

Table with columns for 1.1-1.4 (Title, Name, Street Address, City-St-Zip) and checkboxes for Change and Addition.

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 contained 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 appointment with an address.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature] 04/18/97 0418834334

CR2E034 (9/96)