


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

FILED  
Apr 24 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 # **H44170** (9)  
1. Corporation Name  
**CUMMINS DIESEL POWER INC.**

Principal Place of Business <b>C/O R W CLARR 111 E MADISON ST #2300 P O BOX 1531 TAMPA FL 33602</b>	Mailing Address <b>C/O R W CLARR 111 E MADISON ST #2300 P O BOX 1531 TAMPA FL 33602</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>5421 N 59th St</b> Suite, Apt. #, etc. 22 City & State 23 <b>Tampa FL</b> Zip 24 <b>33610</b>		2a. Mailing Address 26 <b>5421 N 59th St</b> Suite, Apt. #, etc. 27 City & State 28 <b>Tampa FL</b> Zip 29 <b>33610</b>		3. Date Incorporated or Qualified <b>02/22/1985</b>	
Country 25 <b>USA</b>		Country 30 <b>USA</b>		4. FEI Number <b>66-0415791</b> Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>CLARK, ROBERT, W 111 E MADISON ST., SUITE 2400 TAMPA FL 33602</b>				10. Name and Address of New Registered Agent 81 Name <b>ROBERT W CLARK</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>100 N Tampa St</b> 83 <b>Suite 2120</b> 84 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33602</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

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

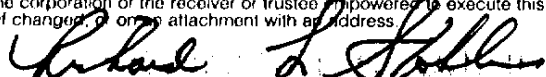
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOHLER, RICHARD L.			1.2 NAME			
STREET ADDRESS	5910 E. HILLSBOROUGH AVE			1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			1.4 CITY-ST-ZIP			
TITLE	VST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	CFO-Treasurer-Asst Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SHELFFO, RONALD E.			2.2 NAME	Eric K Nelson		
STREET ADDRESS	5910 E HILLSBOROUGH AVE			2.3 STREET ADDRESS	5910 E Hillsborough Ave		
CITY-ST-ZIP	TAMPA FL			2.4 CITY-ST-ZIP	Tampa FL 33610		
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUNO, HECTOR L			3.2 NAME			
STREET ADDRESS	5910 E HILLSBOROUGH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STOHLER, W GALE			4.2 NAME			
STREET ADDRESS	5910 E HILLSBOROUGH AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			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 as an attachment with an address.

NATURE:



4-16-98

813/626-1101

CR2E034 (10/97)