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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J36657

(1)

PERSONAL POWER, INC.

FILED
Jun 18 1997 8:00am
Secretary of State



Principal Place of Business Mailing Address						. 120119 0122 1112 2112 2112 2114 2114 2114 2121 2121 2121 2121 2121 2121 2121 2121 2121 2121 2121 2121 2121 2			
to Additional documents			% MARY VOLKERT						
7551 CALLE FA			ISI CALLE FACIL ARASOTA FL 34238-455	3					
SARASOTA FL 34238 US			US			3. Date Incorporated or Qualified			eport
·						10/03/1986	U0/23/1		··· ·
2. Principal Place of Business			2a. Mailing Address			4. FEI Number	Applied For		
21 Substitution			Suite Apt # etc			59-2738323 Not Applicat			
Sulte, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired Fee Required			
City & State			City & State						
23			28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	- 201	Zip	Cou	intry	8. This corporation has liability for i			
24	25	29		30	•		Yes No		. 100.002.
	9, Name and Address of Curren		stered Agent			10. Name and Address of New Re	gistered Agen	t	
VOL	KERT, MARY ALICE				B1 Name	111.5756 1 16.161	E D Y	-	
	CALLE FACIL				OD Chant del	<i>召Aで入巨S A・Vo I K J</i> dress (P.Q. Box Number is Not Acceptab	- 1- /		
	ASOTA FL 34238				82 Street Ad) 		
QAII.	NOW IN I D VIEW				83		·		
	1							T ===	
					84 City 52	na Sot 4	FL 85	Zip	238
11. Pursuant	to the provisions of Sections 607,050)2 and (607.1508, Florida State	utes, the a	bove-named co	rporation submits this statement for the p	urnose of char	aging it	e registered
office or	registered agent or both, in the State	of Flor	ida, Such change was	s authorize	d by the corpor	ation's board of directors. I hereby accep	ot the appointm	ent as	registered
	in familiar work, and recept thy oblig	120	Cr X Commence of the	HOHUA SIA	iules,	1.1147	•		
SIGNATURE	Signature, typed or printed name of registered ap	ent and titl	le if applicable (NO	D1E: Rogistere	d Agent signature req	uired when reinstating)	DATE		
12.	OFFICERS AN			13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRI	ECTOR	IS IN 12
TITLE	PT		DELETE	1.1 7	TLE			Change	Addition
- NAME	VOLKERT, MARY ALICE			1.2 N	AME				
STREET ADDRESS	7551 CALLE FACIL			1.3 S	TREFT ADDRESS				
CITY-ST-ZIP	SARASOTA FL			1.4 0	11Y-S1-2(P				
TITLE	VP8		DELETE	2.1 T	TLE			Change	Addition
NAME	VOLKERT, CHARLES A. I			2.2 N	AMÈ				
STREET ADDRESS	7851 CALLE FACIL			2.3 \$	TREET ADDRESS				
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NAME				3.2 N					
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NAME	1			4.2					
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NAME			the second	5.2 N				•	
					TREET ADDRESS				
STREET ADDRESS					i i				
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NAME]			62 N	i				
STREET ADDRESS					TREET ADDRESS				
CITY. ST. 7IP	İ			640	riy-si-zip l				

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 it alternoon, or on an attachment with an address.