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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K10408

(8)

STORAGE POWER, INC.

FILED Mar 09 1998 8:00am Secretary of State



					// E1816 E1811 E1811 E1814 F1814 1281
Principal Place of Business Mailing Address					. B
6900 PHILLIPS HWY. SUITE 11 6900 PHILLIP JACKSONVILLE FL 32216 JACKSONVILLE					
ANONOMVILLE PL 32210		JACKSONVILLE FL 32216		DO NOT WRITE IN THIS SPACE	
ł				3, Date Incorporated or Qualified	
				01/04/1988	
2. Principal I	Place of Business	2s. Mailing Address		4, FEI Number	Applied For
21		26		59-2866447	Not Applicable
Suite, Apt	:. #, etc	Suito, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		[27]		6. Certificate of Status Desired	Fee Required
City & Sta	110	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28 Zip	Country	Trust Fund Contribution	
24	25		····	8. This corporation owes or has paid the	
<u> </u>	g, Name and Address of Currer		30]	Personal Property Tax due June 30. 10. Name and Address of New Registe	Yes No
М	ARCIA M MORALES-HOWARD		81 Name	IQ. Hame and reduces of flow flogiste	Tou Agent
	AGUIRE, WOODS, BATTLE & BO	OTHE			
BARNETT CENTER, SUITE 2750, 50 N LAURA ST JACKSONVILLE FL 32202			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
			83		
•	TOTAL TE OFFICE				
			64 City	1	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607,1508, Florida Statute	es, the above-named cor		
office or	registered agent, or both, in the State	of Florida, Such change was a	uthorized by the corpora	poration submits this statement for the purpo ation's board of directors. I hereby accept the	appointment as registered
	arriannal with and accept big tring	7130/18 01; 30CHaff 007.0300, 110f	iilda Siaidies.		
SIGNATURE	Signature, typied or printed name of registered age	ent and title it applicable (NOTE	Registered Agent signature requ	uired when reinstating) DA	OTE
12.		IO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	PD	DELETE	11 TITLE		☐ Change ☐ Addition
NAME	MORALES, RICARDO JR		1.2 NAME		
STREET ADDRESS	6900 PHILLIPS HWY. #11		1.3 STREET ADDRESS		
CITY - ST - ZIP	JACKSONVILLE FL		1.4 CITY+ST-ZIP		
TITLE	SD	DELETE	2.1 TITLE		Change Addition
NAME	ARMSTRONG, COLLIN W. L.		2.2 NAME		
STREET ADDRESS	116 LAUREL CT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PONTE VEDRA BCH FL		2. 4 CITY - ST-ZIP		
TITLE	VP	DELETE	3.1 TITLE		Change Addition
NAME	KING, T. FITCH I		3.2 NAME		
STREET ADDRESS	6900 PHILLIPS HWY. STE 11	ı	3.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	·	3.4. CITY-ST-ZIP		
TITLE		☐ DELFTE	4.5 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4 4 CITY-S1-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME		_	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST - ZIP		
14. I hereby	certify that the information supplied w	rith this filing does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes, I furthe	er certify that the information

indicated on this annual report or supplemental innual 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 rucerfer outrustice enhancement in security as required by Chapter 607, Florida Statules; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with in address.

Morales, Jr.

3/4/98

904/296-3232