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FILED

Jan 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # L06538 (7)

1. Corporation Name  
CLEAN POWER, INC.

Principal Place of Business  
10240 REFLECTIONS BLVD  
103  
SUNRISE FL 33351  
US

Mailing Address  
10240 REFLECTIONS BLVD  
103  
SUNRISE FL 33351  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/01/1989

4. FEI Number 65-0135908  
Applied For  
Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business  
21 5440 Queen Lake Terrace  
Suite, Apt. #, etc.  
22  
City & State  
23 Davie, FL  
Zip  
24 33331  
Country  
25 Broward  
2a. Mailing Address  
26 5440 Queen Lake Terrace  
Suite, Apt. #, etc.  
27  
City & State  
28 Davie, FL  
Zip  
29 33331  
Country  
30 Broward

9. Name and Address of Current Registered Agent

BRYL, LISA  
19030 NORTH BAY ROAD  
NORTH MIAMI FL 33160

10. Name and Address of New Registered Agent

81 Name LISA A Tuffy  
82 Street Address (P.O. Box Number is Not Acceptable)  
5440 Queen Lake Terrace  
83  
84 City Davie FL 85 Zip Code 33331

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 LISA A TUFFY LISA A TUFFY President 1-8-98  
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	BRYL, LISA A	19030 NORTH BAY ROAD	N MIAMI FL	<input checked="" type="checkbox"/>
PD	LISA A. Tuffy	5440 Queen Lake Terrace	Davie, FL 33331	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 on an attachment with an address.

SIGNATURE: LISA A TUFFY LISA A TUFFY President 1-8-98 9546803838

CR2E034 (10/97)

- how can it may  
concern,

I've enclosed a copy  
of my marriage certificate  
for proof of name change.

Also I enclosed the extra  
\$8.75 for a ~~copy~~ certificate.  
last year, I did the same  
but never got my certificate.  
Please send. Thanks!  
Happy Days!  
Lisa

APPLICATION NO. 92-19302

MARRIAGE RECORD  
FLORIDA

GROOM DATA	1. GROOM'S NAME (First, Middle, Last) JOHN JOSEPH TUFFY	2. DATE OF BIRTH (Month, Day, Year) MARCH 26, 1963	
		3a. RESIDENCE - CITY, TOWN, OR LOCATION 7920 SHALIMAR ST. MIRAMAR	3b. COUNTY BROWARD
BRIDE DATA	5a. BRIDE'S NAME (First, Middle, Last) LISA ANN BRYL	5b. MAIDEN SURNAME (if different) BASILE	
		6. DATE OF BIRTH (Month, Day, Year) MAY 12, 1959	7a. RESIDENCE - CITY, TOWN, OR LOCATION 1651 NE 115 ST. N. MIAMI
AFFIDAVIT OF BRIDE AND GROOM	10. SUBSCRIBED AND SWORN TO BEFORE ME ON: NOV. 23, 1992	11. TITLE OF ISSUING OFFICIAL DEPUTY CLERK	13. BRIDE'S SIGNATURE (Sign full name) <i>Lisa Ann Bryl</i>
12. SIGNATURE OF ISSUING OFFICIAL <i>Marshall Ader</i>		16. SIGNATURE OF ISSUING OFFICIAL <i>Marshall Ader</i>	

17. DATE LICENSE ISSUED NOV. 23, 1992		21. I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA ON NOV. 23, 1992	
18. EXPIRATION DATE JAN. 21, 1993		22a. SIGNATURE OF PERSON PERFORMING CEREMONY <i>Marshall Ader</i>	
19b. BY D.C. MARSHALL ADER		22b. NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT) A. HERRING	
20. COUNTY DADE		22c. TITLE DEPUTY CLERK	
25. DATE RETURNED NOV. 23, 1992		22d. ADDRESS 15555 BISCAYNE BLVD. MIAMI, FL.	
26. RECORDED IN BOOK 359 PAGE 2062		23. SIGNATURE OF WITNESS TO CEREMONY <i>Marshall Ader</i>	
27. CLERK OF COURT MARSHALL ADER		24. SIGNATURE OF WITNESS TO CEREMONY <i>Elizabeth Siquitor</i>	

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

GROOM	28. RACE WHITE	29. NUMBER OF THIS MARRIAGE 1	IF PREVIOUSLY MARRIED SPECIFY 30 - 31	30. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) DIV.	31. DATE LAST MARRIAGE ENDED
	BRIDE	32. RACE WHITE	33. NUMBER OF THIS MARRIAGE 2	IF PREVIOUSLY MARRIED SPECIFY 34 - 35	34. LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) DIV.

HRS Form 743, Feb 91  
(Replaces Jan 89 edition which may be used)This license not valid unless seal of Clerk,  
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 537782

STATE OF FLORIDA, COUNTY OF DALE  
I HEREBY CERTIFY that the foregoing is a true and correct copy of the  
original on file in this office. JAN 05 1993  
HARVEY RUVIN, CLERK, of Circuit and County Courts  
Deputy Clerk *James G. G...*

