

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90022 033 ***150.00

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DOCUMENT # **L20301**

1. Corporation Name
INDEPENDENT POWER, INC.

Principal Place of Business

1101 HILLCREST DRIVE
HOLLYWOOD FL 33021
US

Mailing Address

1101 HILLCREST DRIVE
HOLLYWOOD FL 33021
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/02/1989

4. FEI Number

65-0240977

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 the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

Country

24

25

Zip

Country

29

30

9. Name and Address of Current Registered Agent

WEINTRAUB, ALBERT L, ESQ.
2250 SW 3RD AVE
5TH FLOOR
MIAMI FL 33129

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **FIELDS, CHET**

STREET ADDRESS **4483 N.W. 36TH ST.**

CITY-ST-ZIP **MIAMI SPRINGS FL 33166**

TITLE **VCD** ☐ DELETE

NAME **TOBIN, HERBERT O**

STREET ADDRESS **1101 HILLCREST DRIVE**

CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **CD** ☐ DELETE

NAME **WEINTRAUB, ALBERT L**

STREET ADDRESS **2250 S.W. 3RD AVENUE, 5TH FLOOR**

CITY-ST-ZIP **MIAMI FL**

TITLE **DS** ☐ DELETE

NAME **TOBIN, MARK A**

STREET ADDRESS **203 S.W. 13TH STREET**

CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE

NAME **BAKER, NORMAN**

STREET ADDRESS **21-21 43RD AVENUE**

CITY-ST-ZIP **LONG ISLAND CITY NY**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Norman Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99
Date

(954) 989-3000
Daytime Phone #

CR2E034 (11/98)