FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **M04792** **(1)**

1. Corporation Name
MEGA POWER, INC.

Principal Place of Business
330 SCARLET BLVD.
OLDSMAR FL 34677-3018
US

Mailing Address
330 SCARLET BLVD.
OLDSMAR FL 34677-3018
US

3. Date Incorporated or Qualified: 09/05/1984
3a. Date of Last Report: 05/10/1995

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 59-2440921 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
SCHNITZIUS, MICHAEL T.
330 SCARLET BLVD.
OLDSMAR FL 34677

10. Name and Address of New Registered Agent
81 Name: Esterline, Olen C.
82 Street Address (P.O. Box Number is Not Acceptable): 3011 Key Harbor Drive
83
84 City: Safety Harbor FL 85 Zip Code: 34695

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] — Signature of Registered Agent or Signature of Registered Agent's Attorney — DATE: 6/14/96

12. OFFICERS AND DIRECTORS

TITLE	CVD	☒ DELETE
NAME	SCHNITZIUS, MICHAEL T.	
STREET ADDRESS	330 SCARLET BLVD.	
CITY-ST-ZIP	OLDSMAR FL	
TITLE	P	☐ DELETE
NAME	ESTERLINE, OLEN	
STREET ADDRESS	3011 KEY HARBOR DR.	
CITY-ST-ZIP	SAFETY HARBOR FL	
TITLE	S	☒ DELETE
NAME	WARREN, JEANNE	
STREET ADDRESS	701 POINSETTA RD	
CITY-ST-ZIP	BELLEAIR FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	☐ Change ☒ Addition
1.2 NAME	Scott, John	
1.3 STREET ADDRESS	213 College St. S	
1.4 CITY-ST-ZIP	Keller, TX 76248	
2.1 TITLE	Director	☐ Change ☒ Addition
2.2 NAME	Fuller, Roger	
2.3 STREET ADDRESS	6525 Morrison Blvd, Ste 110	
2.4 CITY-ST-ZIP	Charlotte, NC 28211	
3.1 TITLE	Director	☐ Change ☒ Addition
3.2 NAME	Oliver, Gordon	
3.3 STREET ADDRESS	9333 Dearborn St.	
3.4 CITY-ST-ZIP	Detroit, MI 48209	
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		

000001875740
-06/26/96--01023--021
***225.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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 above, or on an attachment with an address.

SIGNATURE: [signature] OLEN C ESTERLINE 5-28-96 813-865-6644
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (12/95)