

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 # P21800 (8)

1. Corporation Name

UNIPOWER CORPORATION

Principal Place of Business

3900 CORAL RIDGE DR.
CORAL SPRINGS FL 33065

Mailing Address

3900 CORAL RIDGE DR.
CORAL SPRINGS FL 33065



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

3. Date Incorporated or Qualified

11/17/1988

3a. Date of Last Report

10/02/1995

4. FEI Number

65-0080704

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 PD
NAME MERINO, JOE
STREET ADDRESS 3900 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE VD
NAME PATRICK HUNTER
STREET ADDRESS 3900 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE SD
NAME MICHAEL DOWLING
STREET ADDRESS 3900 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE D
NAME SCHNEIDER EDWARD J.
STREET ADDRESS 3900 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE CFOT
NAME GALLO GLANCA M
STREET ADDRESS 3900 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

TITLE VP
NAME CLOUTHER KEN
STREET ADDRESS 3900 CORAL RIDGE DR.
CITY-ST-ZIP CORAL SPRINGS FL 33065 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME TIM WORLEY
1.3 STREET ADDRESS 3900 Coral Ridge Dr
1.4 CITY-ST-ZIP Coral Springs, FL 33065 ☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS 300001854583
4.4 CITY-ST-ZIP -06/06/96--01126--008
***200.00 ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME CFOT GALLO, BIANCA M.
5.3 STREET ADDRESS 3900 Coral Ridge Dr.
5.4 CITY-ST-ZIP Coral Springs, FL 33065 ☒ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BIANCA M. GALLO

4/30/96

Date

305 346-2442

Daytime Phone #

CR2E034 (12/95)