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FILED  
Mar 26 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 # P21800 (8)  
1. Corporation Name  
UNIPOWER CORPORATION

Principal Place of Business Mailing Address  
3900 CORAL RIDGE DR. 3900 CORAL RIDGE DR.  
CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1988	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0080704	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	
				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	MERINO, JOE	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	3900 CORAL RIDGE DR.	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	CORAL SPRINGS FL 33065	2.1 TITLE		2.2 NAME	
TITLE	VD	NAME	PATRICK HUNTER	2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	3900 CORAL RIDGE DR.	3.1 TITLE		3.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP	CORAL SPRINGS FL 33065	3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
TITLE	SD	NAME	MICHAEL DOWLING	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	3900 CORAL RIDGE DR.	4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	CORAL SPRINGS FL 33065	5.1 TITLE		5.2 NAME	
TITLE	D	NAME	SCHNEIDER EDWARD J.	5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
STREET ADDRESS		STREET ADDRESS	3900 CORAL RIDGE DR.	6.1 TITLE		6.2 NAME	
CITY - ST - ZIP		CITY - ST - ZIP	CORAL SPRINGS FL 33065	6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
TITLE	CFOT	NAME	GALLO, BIANCA M	VP HART, MARK 3400 Coral Ridge Dr. Coral Springs FL 33065			
STREET ADDRESS		STREET ADDRESS	3900 CORAL RIDGE DR.				
CITY - ST - ZIP		CITY - ST - ZIP	CORAL SPRINGS FL				
TITLE	VP	NAME	CLOUTHER KEN				
STREET ADDRESS		STREET ADDRESS	3900 CORAL RIDGE DR.	VP GUILFORD DALE 3900 Coral Ridge Dr. Coral Springs FL 33065			
CITY - ST - ZIP		CITY - ST - ZIP	CORAL SPRINGS FL 33065				
TITLE		NAME					
STREET ADDRESS		STREET ADDRESS					

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: *Sandra Mortham* 3/18/98 954-346-2442

CR2E034 (10/97)