

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P33376 (5)
1. Corporation Name
OXBOW POWER OF BEOWAWE, INC.



Principal Place of Business 5250 S. VIRGINIA ST. STE. #304 RENO NV 89502 US	Mailing Address 1601 FORUM PLACE P-2 W. PALM BEACH FL 33401-8188 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 03/29/1991 4. FEI Number 65-0208219 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent CALLAHAN, RICHARD P. 1601 FORUM PLACE, P-2 WEST PALM BEACH FL 33401	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
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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	DCOP	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHERRY, BERNARD H.	1.2 NAME	
STREET ADDRESS	1601 FORUM PLACE P-2	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	CCEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOCH, WILLIAM I.	2.2 NAME	
STREET ADDRESS	1601 FORUM PLACE P-2	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALLAHAN, RICHARD P	3.2 NAME	
STREET ADDRESS	1601 FOURM PLACE P-2	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHIPLEY, ZACHARY K	4.2 NAME	
STREET ADDRESS	1601 FORUM PLACE P-2	4.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZODIACO, VINCENT P	5.2 NAME	
STREET ADDRESS	5250 S VIRGINIA STREET	5.3 STREET ADDRESS	9790 Gateway Drive, Suite 220
CITY-ST-ZIP	RENO NV	5.4 CITY-ST-ZIP	Reno, NV 89511
TITLE	SVP	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROHIT C CHIB	6.2 NAME	
STREET ADDRESS	1601 FORUM PLACE P2	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	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.

SIGNATURE:  1/28/98 501/640-8757

CR2E034 (10/97)