

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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34847** (4)
1. Corporation Name
HYPOWER INC.

Principal Place of Business 5913 NW 31 AVE FT LAUDERDALE FL 33309	Mailing Address 5913 NW 31 AVE FT LAUDERDALE FL 33309-2207
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 07/29/1991	3a. Date of Last Report 08/01/1996
				4. FEI Number 88-0271249	Applied For <input checked="" type="checkbox"/> Not Applicable
				5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYES STREET TALLAHASSEE FL 32301		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 FL	
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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	PCD	1.1 TITLE	Vice President
NAME	PAUL-HUS, BERNARD	1.2 NAME	Jim Loepp
STREET ADDRESS	159 SW 95TH LANE	1.3 STREET ADDRESS	5913 NW 31st Ave
CITY- ST- ZIP	CORAL SPRINGS FL	1.4 CITY- ST- ZIP	FT LAUDERDALE, FL 33309
TITLE	T	2.1 TITLE	
NAME	PAUL-HUS, BERNARD	2.2 NAME	
STREET ADDRESS	159 SW 95TH LANE	2.3 STREET ADDRESS	
CITY- ST- ZIP	CORAL SPRINGS FL 33071	2.4 CITY- ST- ZIP	
TITLE	VP	3.1 TITLE	
NAME	RABOLLI, STEPHEN P	3.2 NAME	
STREET ADDRESS	5913 NW 31 AVE	3.3 STREET ADDRESS	
CITY- ST- ZIP	FT LAUDERDALE FL	3.4 CITY- ST- ZIP	
TITLE	S	4.1 TITLE	
NAME	GILLEN, JAMES K.	4.2 NAME	
STREET ADDRESS	5913 NW 31 AVE.	4.3 STREET ADDRESS	
CITY- ST- ZIP	FT. LAUDERDALE FL 33309	4.4 CITY- ST- ZIP	
TITLE	V	5.1 TITLE	
NAME	PAUL-HUS, ERIC	5.2 NAME	
STREET ADDRESS	5913 NW 31 AVENUE	5.3 STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL	5.4 CITY- ST- ZIP	
TITLE	V	6.1 TITLE	
NAME	PAUL-HUS, STEPHANE	6.2 NAME	
STREET ADDRESS	5913 NW 31 AVENUE	6.3 STREET ADDRESS	
CITY- ST- ZIP	FORT LAUDERDALE FL	6.4 CITY- ST- ZIP	

14. I do 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(954)-978-9300

CR2E034 (9/96)