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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 18 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000018898 (5)

D-BOE POWER PLUS INC.

Principal Place of Business Mailing Address							
1306 HYPOLUXO RD. 961 BOLENDER DR. LANTANA FL 33462 DELRAY BCH. FL 33483-497							
					3. Date Incorporated or Qualified 03/04/1993	3a. Date of La 04/29/199	96
_	ace of Business	2a. Mailing Address			4. FEI Number 65-0411832	· 	Applied For
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.7	Not Applicable 5 Additional
22		27			5. Certificate of Status Desired		e Required
City & State	3	City & State			6. Election Campaign Financing	\$5.	00 May Be
23	Country	28 7:m	Country		Trust Fund Contribution	_/	ded to Fees
Zıp 24	Country 25	Zip 3	Countr	y	8. This corporation has liability for Florida Statutes	in/angible tax und Yes 🔲 No	er s. 199.032,
.41	9. Name and Address of Curre		SU		10. Name and Address of New Re		
DAG	IATA, WILLIAM J		81	Name			
	BOLENDER DR		82	Street Ad	Idress (P.O. Box Number is Not Acceptate	2(0)	
DELRAY BCH FL 33483				Sileet Au	idiess (F.O. DOX Number is Not Acceptate	лөл	
			83				
			84	City		85	Zip Code
						PL	,
office or reagent. I as	to the provisions of sections our solu- egistered agent, or both, in the State or familiar with, and accept the oblig	oz and 607.1508, Florida Statutes e of Florida Such change was au gations of, Section 607.0505, Flor	s, the abov Ithorized b ida Statute	y the corpor s.	orporation submits this statement for the pration's board of directors. I hereby acce	of the appointmen	i as registered
	Signature, typed or printed name of registered ag			ent signature rec	quired when reinstating)	DATE	
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD NACATA MULLIAM I	☐ DELETE	1.1 TITLE			☐ Char	nge 🔲 Addition
NAME OFFICE APPRICACE	DAGATA, WILLIAM J. 961 BOLENDER DR		1.2 NAME	T 4000500			
STREE1 ADDRESS CITY-ST-ZIP	DELRAY BEACH FL 33483		1.4 CITY -	T ADORESS			
TIFLE	S/T	DELETE	2.1 TITLE	51 - ZIF		☐ Char	nge Addition
NAME	DAGATA, PATRICIA		2.2 NAME				. –
STREET ADDRESS	961 BOLENDER DR			T ADDRESS			
CITY - ST - ZIP	DELRAY BEACH FL 33483		2. 4 CITY-	ST - ZiP			
THLE		DELETE	3.1 TITLE			☐ Char	nge 🔲 Additio
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	· · · · · · · · · · · · · · · · · · ·		
TIFLE		[_] DELETE	4.1 TITLE			☐ Char	nge 🔲 Addition
NAME			4. 2 NAME				
STREET ADDRESS			•	T ADDRESS			
CITY-ST-ZIP TIFLE		DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP		☐ Char	nge Addition
NAME		El pereir	5.1 HILE				An Thomas
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			5.4 CITY -				
TITLE		DELETE	6.1 TITLE			☐ Char	nge 🔲 Addition
NAME			6 2 NAME				
STREET ADDRESS			6 3 STREE	T ADDRESS			
C(TY+ST-ZIP			6.4 CITY -	ST - Z(P			
informatio I am an ol	n indicated on this annual report or	supplemental annual report is tru ir the receiver or trustee empowe	ie and acc red to exe	urate and th cute this rep	red in Section 119.07(3)(i), Florida Statute hat my signature shall have the same leg port as required by Chapter 607, Florida S	al effect as if made	e under oath; tha