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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 14 1998 8:00am

Secretary of State

A HARRICO HER BRIDD HALL BOLL COLL MORE BURGO HIGH HOLL COLL ORIGINALIS (CAR

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031906 (9)

CARIBBEAN WINDPOWER, INC.

Principal Place of Business Mailing Address					1 1001105(1 (10 10102)VIVI 2011/4 03/11 Entil 06/10 (1101) (1014 15/14 93/14 93/14 150/	
1414 SWANN	AVE	1414 SWANN AVE				
STE 201 TAMPA FL 33606		STE 201 TAMPA FL 33606			DO NOT WRITE IN THIS SPACE	
US		US			3. Date Incorporated or Qualified	
					04/29/1993	
	Place of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-3183907 Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	
City & State		City & State				
23		28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip	Country			гу	This corporation owes or has paid the current year Intangible	
24	25	29	30		Personal Property Tax due June 30. 🔀 Yes 🔲 No	
	 Name and Address of Current 	Registered Agent			10. Name and Address of New Registered Agent	
G0	ORDON, BRUCE H		1 Name			
SHUMAKER LOOP & KENDRICK			8	82 Street Address (P.O. Box Number is Not Acceptable)		
	1 E. KENNEDY BLVD., #2500				<u> </u>	
TAI	MPA FL 33602		8	3		
			8	4 City	B5 Zip Code	
		1007.4500.5		1		
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 register 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 register						
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 regulated agen	.T. STATE OF THE COLUMN	275. Day		required when reinstating) DATE	
12.	OFFICERS AND		13.	gen; signature	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	DELETE	1.1 TITLE		Change Addition	
NAME	BLANCHARD, G. ROBERT		1.2 NAM	: 1		
STREET ADDRESS	1414 SWANN AVE, #201		1.3 STRE	ET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1.4 CHTY			
TITLE	VSD	☐ DELETE	2.1 TITLE		Change Addition	
NAME	BLANCHARD, G. ROBERT JR.		2.2 NAM	<u> </u>	·	
STREET ADDRESS	1414 SWANN AVE, #201		2.3 STRE	et address		
CITY-ST-ZIP	TAMPA FL		2 4 CHTY	- ST - ZIP		
TITLE	VTD	☐ DELETE	3.1 TITLE		Change Addition	
NAME	HARRIS, MALCOLM C		3.2 NAM	:		
STREET ADDRESS	1414 SWANN AVE, #201		3.3 STRE	ET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4. CITY			
TITLE	VD	Ĺ ĎÉLETE	4.1 TITLE	ſ	Change Addition	
NAME	BLANCHARD, WILLIAM M		4. 2 NAM			
STREET ADDRESS	1414 SWANN AVENUE 201			FT ADDRESS		
CITY-ST-ZIP	TAMPA FL	DELETE	4.4 CITY		☐ Change ☐ Addition	
TITLE NAME	}	בין מבניננ	5.1 TITLE	- 1	LI Change LI Addition	
STREET ADDRESS			5.2 NAMI			
CITY-ST-ZIP			5.4 CITY	ET ADDRESS		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition	
NAME			6.2 NAMI			
STREET ADDRESS				TADDRESS		
CITY-ST-ZIP			6.4 CITY			
14. I hereby o	certify that the information supplied wit	h this filing does not qualify	for the exem	ption state	od in Section 119.07(3)(i), Florida Statutes. I further certify that the information	
officer or	on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an attac	iver or trustee empowered to	courate and to execute this	nat my sig s report as	mature shall have the same legal effect as if made under oath; that I am an required by Chapter 607, Florida Statutes; and that my name appears in	

IONATURE M. C. Warris (M.A. Warris - Scan) Styles (813)251-373