SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

225
0.75
$233.75
CK # 1608

DOCUMENT # **P94000042282 (1)**

1. Corporation Name
NEW POWER BBS, INC.

Principal Place of Business	Mailing Address
6860 TOWN HARBOR BLVD. UNIT 3219 BOCA RATON FL 33433	see new ~~6860 TOWN HARBOR BLVD.~~ ~~UNIT 3219~~ ~~BOCA RATON FL 33433~~

3. Date Incorporated or Qualified: 06/07/1994
3a. Date of Last Report: 08/15/1995
4. FEI Number: ~~APPLIED FOR~~ 650501180 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business	2a. Mailing Address
21 1499 W. Palmetto Pk Rd	26 1499 W. Palmetto Pk Rd
Suite, Apt. #, etc. 22 Suite #161	Suite, Apt. #, etc. 27 Suite #161
City & State 23 Boca Raton FL	City & State 28 Boca Raton FL
Zip / Country 24 33486 / 25 Palm Beach	Zip / Country 29 33486 / 30 Palm Beach

9. Name and Address of Current Registered Agent
DISALVO, ROBERT
~~6860 TOWN HARBOR BLVD.~~
~~UNIT 3219~~
~~BOCA RATON FL 33433~~

10. Name and Address of New Registered Agent
81 Name: Robert DiSalvo
82 Street Address (P.O. Box Number is Not Acceptable): 1499 W. Palmetto Park Rd # 161
83
84 City: Boca Raton FL 85 Zip Code: 33486

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: [signature] 8-5-96
Signature of new registered agent and title, if applicable (DATE) (NOTE: Registered Agent signature required when making this change)

12. OFFICERS AND DIRECTORS

TITLE	PC	☐ DELETE
NAME	DISALVO, ROBERT	
STREET ADDRESS	~~6860 TOWN HARBOR BLVD.#3219~~	
CITY-ST-ZIP	~~BOCA RATON FL 33433~~	
TITLE	S	☐ DELETE
NAME	MYERS, BILL	
STREET ADDRESS	~~6860 TOWN HARBOR BLVD.,#3219~~	
CITY-ST-ZIP	~~BOCA RATON FL 33433~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PC	☐ Change ☐ Addition
1.2 NAME	DiSalvo, Robert	
1.3 STREET ADDRESS	1499 W. Palmetto Pk Rd # 161	
1.4 CITY-ST-ZIP	Boca Raton, FL 33486	
2.1 TITLE	S	☐ Change ☐ Addition
2.2 NAME	Bill Myers	
2.3 STREET ADDRESS	1499 W. Palmetto Park Rd #161	
2.4 CITY-ST-ZIP	Boca Raton FL 33486	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: [signature] 8-5-96 407 750-7455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)