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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000059838 (0)

FILED Apr 29 1997 8:00am Secretary of State

1. Corporation Name WINPOWER TECHNOLOGIES INC. Principal Place of Business Mailing Address 149 SW 15TH DR 80CA RATON FL 33432 BOCA RATON FL 33432-7225								
					Date Incorporated or Qualified 08/15/1994	3a. Dat	e of Las	
2. Principal P	lace of Business	2a. Mailing Address	·,—		4. FEI Number			Applied For
21	И вел	26 Suite, Apt. #, etc.			65-0563896			Not Applicable
Suite, Apt	#, BIC	27	•		5. Certificate of Status Desired			5 Additional Required
City & State	6	City & State			6. Election Campaign Financing		\$5.0	0 May Be
23		28			Trust Fund Contribution		Adde	ed to Fees
Zip	Country	Zip	h	intry	8. This corporation has liability for			rs. 199.032,
24	25 g. Name and Address of Curr	29 ent Registered Agent	30		Florida Statutes 10. Name and Address of New Re	Yes S		
NAC	DEMAN, CARY M			81 Name				
149	SW 15TH DR			82 Street Add	Iress (P.O. Box Number is Not Acceptat	ole)		
BOC	CA RATON FL 33432							·····
				83				
				84 City		FL	85 Z	ip Code
44 Purcusut	to the irrovierance of Sections 607 Of	502 and 607 1609. Florida \$1	tatutoe the a	have named con	poration cubmits this statement for the c			
11. Pursuant office or ragent. Fa	m familiar with, and accept the obl	igations of, Section 607.0505	5, Florida Sta	tutes.	poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	DATE	pintment	as registered
agent. La	rn familiar with, and accept the obl Signature, typed or proted name of registered a OFFICERS A	igations of, Section 607.0505	5, Florida Sta	bove-named corp d by the corpora tutes. d Agent algnature requi		DATE		
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4. I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.0/(3)(i). Florida Statutes, if furner 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 (2) Fu M. Nagdeman

SIGNATURE

M Mandeman (PRES)

(561) 7507630 Daytime F

THE PTICKER #