

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000063527 (3)

1. Corporation Name

NPW, INC.

Principal Place of Business

Mailing Address

90 SOUTH HIGHLAND AVE. # 208-A
TARPON SPRINGS, FL 34689

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

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City & State

City & State

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Zip

Country

Zip

Country

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9. Name and Address of Current Registered Agent

WEISS, NORMAN P.
90 SOUTH HIGHLAND AVE # 208A
TARPON SPRINGS, FL 34689

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME WEISS, NORMAN P.
STREET ADDRESS 90 SOUTH HIGHLAND AVE # 208A
CITY-ST-ZIP TARPON SPRINGS, FL 34689

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3. Date Incorporated or Qualified

B-25-94

4. FEI Number

59-3269502

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 owes the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

400002831354

04/06/99--01088--014

****150.00 ****150.00

[] Change [] Addition

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14. I 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, with all other like empowered.

SIGNATURE: Norman P. Weiss

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/23/99 727-942-9911

Date

Daytime Phone

CR2E034 (11/98)