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PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortifani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P96000020557 (0)

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SECRETATIV OF STATE TALLAHASSEE, FLORIDA

SOUTH PALM POWER SYSTEMS, INC.									
Principal Place of Business		Mailing Address				801 IJB 10110 BIRL 88111 BIRL	OTHE COME NO		
1732 NW AVENIDA DEL SOL 1732 NW AVENIDA DEL SOL									
BOCA RATON FL 83432		BOCA RATON FL 33432-1	741						
					1	ncorporated or Qualifie	ed 3a. C	Date of Last F	Report
2. Principal Place of Busine	SS 2	a. Mailing Address			4. FEI Nu	mber	~	A	pplied For
21	26				(05)	- 00004 1	<u>D</u>		ot Applicable
Sulte, Apt. #, etc.	27	Suite, Apt. #, etc.			5, Certific	ate of Status Desired		,	Additional equired
City & State		City & State			6 Flectio	n Campaign Financing	1		May Be
23	28	1				und Contribution			to Fees
Zip	Country	Zip	Coun	try	8. This co	prporation has liability (or intangibl	e tax under s	199.032,
24 • 2	<u>- </u>		30			Statutes		No.	
	nd Address of Current Reg	istered Agent		1 Name	10. Name	and Address of New	Hegistered	Agent	
BAYER, DAVID	D4 DE1 DO1								
1732 NW AVENIDA DEL SOL BOCA RATON FL 33432		6	82 Street Address (P.O. Box Number is Not Acceptable)						
BOOK MATOR IN	C 00402		Ē	3					
				I4 City					
				4 City			FL	_ 85 Zip	Code
114 Pursuant to the provision office or registered ager agent. I am familiar with	ns of Sections 607,0502 and	607, 1508, Florida Statut	es, the abo	ve-named	corporation subm	its this statement for th	e purpose e	of changing it	ts registered
agent. I am familiar with	, and accept the obligations	of, Section 607.0505, Flo	orida Statul	es.	poration's board of	directors. Thereby ac	cebi ilie ab	pomiment a s	registered
SIGNATURE Stopen to by ord or									
\$ Signature, typed or	printed name of registered agent and I	itle il applicable (NO)							
	OFFICERS AND DIK			rgent signature	required when reinstating ADDITIC		DATE	ID DIRECTOR	RS IN 12
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14. To hereby certify that the information supplied with this illing 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 by 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 10 if changed, or on an attackment with an address.

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