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Jul 17 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000024574 (1)

1. Corporation Name

INTEGRATED POWER PRODUCTS, INC.



Principal Place of Business

1655 PALM BEACH LAKES BLVD STE 502
WEST PALM BEACH FL 33401

Mailing Address

1655 PALM BEACH LAKES BLVD STE 502
WEST PALM BEACH FL 33401-2288

3. Date Incorporated or Qualified
03/15/1996

3a. Date of Last Report
1st Report

2. Principal Place of Business

21 809 S.E. Atlantic Dr.

Suite, Apt. #, etc.

22 City & State
Lantana Florida

Zip 33462

Country USA

2a. Mailing Address

26 809 S.E. Atlantic Dr.

Suite, Apt. #, etc.

27 City & State
Lantana Florida

Zip 33462

Country USA

4. FEI Number

65-0679560

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

9. Name and Address of Current Registered Agent

LEVY, ROBERT S
1655 PALM BEACH LAKES BLVD STE 502
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Thomas J. Skinner
82 Street Address (P.O. Box Number is Not Acceptable)
809 S.E. Atlantic Dr.
83
84 City Lantana FL 85 Zip Code 33462

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, of 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 reinstating)

Date

Thomas J. Skinner

6/13/97

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME LEVY, ROBERT S
STREET ADDRESS 1655 PALM BEACH LAKES BLVD STE 502
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE ☐ DELETE
NAME President-Director
STREET ADDRESS Thomas J. Skinner
CITY-ST-ZIP 809 S.E. Atlantic Dr.
Lantana FL 33462

TITLE ☐ DELETE
NAME Dennis Schuler
STREET ADDRESS 15102 Sun Valley Ln.
CITY-ST-ZIP Del Mar Calif. 92014

TITLE ☐ DELETE
NAME Secretary
STREET ADDRESS Stephen Lewis
CITY-ST-ZIP 6243 Woodlane Rd.
Jupiter FL 33458

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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

14. I do 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 in an attachment with an address.

SIGNATURE Thomas J. Skinner 6/13/97 (561)

CR2E034 (9/96)