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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P96 600082508

FILED May 29 1998 8:00am Secretary of State

"					<u> </u>	
TV POWER, INC.					R ₁₀₀	
Prin	cipal Place	of Business	Malling Address			
1	SEA MARS		26 SEA MARSH RD.			
AMELIA ISLAND FL 32034 AMELIA ISLAND FL 32034						
					DO NOT WRITE IN THIS	SPACE
					3. Date Incorporated or Qualified	
2, F	Principal Pi	ace of Business	2s. Malling Address		4. FEI Number	Applied For
21			26		59-3407029	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, e			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
			27			Fee Required
	City & State	•	City & State		e. Election Campaign Financing	\$5.00 May Be
23			28		Trust Fund Contribution	Added to Fees
	Zip	Country	Zip	Country	a. This corporation owes or has paid the cu	
24		25	29 3	<u>ol</u>	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes X No
		DD, WILLIAM M.		1101115		
		SEA MARSH ROAD	•	82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1	AM	ELIA ISLAND FL 32034		63		
				• •		
				84 City	FL	85 Zip Code
	*	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	O and COT 4500 Florida Ciatida	the share named corn		
111.	office or re	o ine provisions or sections 607.050 egistered agent, or both, in the State	of Florida. Such change was au	thorized by the corporat	poration submits this statement for the purpose clion's board of directors. I hereby accept the ap	pointment as registered
1	agent. I ar	n familiar with, and accept the oblig	ations of, Section 607,0505, Flori	da Statutes.		
SIG	NATURE .		AGATE	N. The same of the	red when reinstating) DATE	
-		Signature, typed or printed name of registered ag	D DIRECTORS	Registered Agent eignature require 13.	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12
12.		0	DELETE	1.1 TITLE	ADDITIONS OF ANGLE TO OFFICE TO ALL	☐ Change ☐ Addition
HAME		TODD, WILLIAM M.	<u> </u>	1.2 NAME		
1	ET ADORESS	26 SEA MARSH RD.		1.3 STREET ADDRESS		
1	-\$1-2IP	AMELIA ISLAND FL		1.4 CITY-ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE		Change Addition
NAME	E			2.2 NAME	·	
	ET ADDRESS			2.3 STREET ADORESS	· f	
-	-ST-ZIP			2.4 CITY-ST-ZIP	. · · · · · · · · · · · · · · · · · · ·	
TITLE			DELETE	3.1 TITLE	3	Change Addition
NAME				3.2 NAME		
1	ET ADDRESS					
1				3.3 STREET ADDRESS	- 1 · · ·	
TITLE	-ST-21P					
	-\$T-ZIP		☐ DELETE	3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
NAME	Ē		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	E Et adoress		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
NAME	E Et adoress - St-Zip		☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME		Change Addition
NAME STREE	E Et adoress - St-Zip			3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
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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.