

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

FILED  
May 19 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P97000016476 (8)**

1. Corporation Name  
**ACUPOWER, INC.**



Principal Place of Business <b>300 NORTHWEST 82ND AVENUE EXECUTIVE PAVILION, SUITE 412 PLANTATION FL 33324</b>	Mailing Address <b>300 NORTHWEST 82ND AVENUE EXECUTIVE PAVILION, SUITE 412 PLANTATION FL 33324</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>02/20/1997</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0761311</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ANDREW L. SIEGEL, P.A. 300 NORTHWEST 82ND AVENUE SUITE 412 PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent	
				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 reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<b>P/S</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>RABOLLI, STEPHEN P</b>			1.2 NAME	<b>STEPHEN P. RABOLLI</b>		
STREET ADDRESS	<b>8180 N.W. 67TH AVENUE</b>			1.3 STREET ADDRESS	<b>8180 NW 67TH AVE</b>		
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>			1.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>		
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>V/P</b>	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	<b>RABOLLI, THOMAS M</b>			2.2 NAME	<b>THOMAS M. RABOLLI</b>		
STREET ADDRESS	<b>7651 N.W. 74TH AVENUE</b>			2.3 STREET ADDRESS	<b>7651 NW 74TH AVE</b>		
CITY-ST-ZIP	<b>TAMARAC FL 33321</b>			2.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS	<b>100002531991</b>		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	<b>-05/21/98--01092--017</b>		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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.

SIGNATURE:

*Stephen P. Rabolli* **STEPHEN P. RABOLLI** 4-19-98 (954) 722-8425

CR2E034 (10/97)