

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90084 018 ***150.00

DOCUMENT # P97000019086

1. Corporation Name

ATLANTIC POWER SYSTEMS, INC.

Principal Place of Business

6278 N. FEDERAL HWY
SUITE 218
FT. LAUDERDALE FL 33308
US

Mailing Address

6278 N. FEDERAL HWY
SUITE 218
FT. LAUDERDALE FL 33308
US

2. Principal Place of Business

21 5340 N. FEDERAL HWY.
Suite, Apt. #, etc.

22 SUITE 204
City & State

23 LIGHTHOUSE POINT, FL
Zip Country

24 33064 25 USA

2a. Mailing Address

26 5340 N. FEDERAL HWY
Suite, Apt. #, etc.

27 SUITE 204
City & State

28 LIGHTHOUSE POINT, FL
Zip Country

29 33064 30 USA.

9. Name and Address of Current Registered Agent

MORRIS, JAN MICHAEL ESQ
6622 PATIO LANE
BOCA RATON FL 33431

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/28/1997

4. FEI Number

65-0733026

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

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

TITLE DP ☐ DELETE

NAME JURCAK, STEVE
STREET ADDRESS 6278 N. FEDERAL HWY SUITE 218
CITY-ST-ZIP FT. LAUDERDALE FL 33308

TITLE VD ☐ DELETE

NAME LINQUIST, CYNTHIA
STREET ADDRESS 1529 SE 8TH STREET
CITY-ST-ZIP DERRFIELD BEACH FL 33441

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

331 SE 15TH AVE.
POMPANO BEACH, FL 33060

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

Date

954-421-7902

Daytime Phone #

0285228

CR2E034 (11/98)