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FILED
May 24, 1999 8:00 am
Secretary of State

05-24-1999 90010 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # PG7 000023973
1. Corporation Name
ENVIROPOWER CORPORATION

5 6 4 1 5 3 9 0 0 1 0 3 0
564153 - 90010 - 30

Principal Place of Business Mailing Address
10200 SOUTH OCEAN DRIVE SUITE 503
JENSEN BEACH, FL 34957

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|---|--|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 <u>10200 SO. OCEAN DR.</u> | | 26 <u>P.O. Box 613</u> | | 3-7-97 | |
| 22 Suite, Apt. #, etc. <u>503</u> | | 27 Suite, Apt. #, etc. | | 4. FEI Number <u>65-0826569</u> | |
| 23 City & State <u>JENSEN BEACH, FL</u> | | 28 City & State <u>PALM BEACH, FL</u> | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip <u>34957</u> 25 Country <u>USA</u> | | 29 Zip <u>33480</u> 30 Country <u>USA</u> | | 6. Election Campaign Financing - Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | |
|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| * <u>WILLIAM F. BARRETT</u> | | 81 Name <u>WILLIAM F. BARRETT</u> | |
| <u>175 SE ST. LUCIE BLVD E-130</u> | | 82 Street Address (P.O. Box Number is Not Acceptable) <u>10200 SO. OCEAN DR. SUITE 503</u> | |
| <u>STUART, FL 34996</u> | | 83 | |
| | | 84 City <u>JENSEN BEACH</u> FL 85 Zip Code <u>34957</u> | |

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 WILLIAM F. BARRETT PRESIDENT \$-14-99
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 | VICE PRESIDENT <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <u>ROBERT PHIG</u> | 1.2 NAME | |
| STREET ADDRESS | <u>100 LAKESHORE DR.</u> | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | <u>NORTH PALM BEACH, FL 33408</u> | 1.4 CITY-ST-ZIP | |
| TITLE | VICE PRESIDENT <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | <u>JOHN LUMSDEN</u> | 2.2 NAME | |
| STREET ADDRESS | <u>11786 TIMBERS WAY</u> | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | <u>BOCA RATON, FL 33428</u> | 2.4 CITY-ST-ZIP | |
| 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 | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| 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, with all other like empowered.

SIGNATURE: WILLIAM F. BARRETT PRESIDENT 5/14/99 (561) 229-9688
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (11/98)