## 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

## DOCUMENT # **P97000030846**1. Corporation Name

TRADEPOWER INTERNATIONAL. INC.

## FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90036 039 \*\*\*150.00



Principal Place	of Business	Mailing Address							
27 PENNOCK LANE STE 104		27 PENNOCK LANE STE 104			-				
JUPITER FL 33458		JUPITER FL 33458			DO NOT WRITE IN	THIS SPACE			
							3. Date Incorporated or Qualifed	77110 01 7102	
							04/03/1997		
9 Delevious Di	ace of Business	2a. Mailing Address				4. FEI Number	- An	plied For	
Z. Pfincipal Pi	ace of Business	26 P.O. BOX 1/107			7		NOT APPLICABLE	<u> </u>	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			<del>'</del>			\$8.75	Additional
22		27			-		5. Certificate of Status Desired :	Fee Re	quired
City & State		City & State			F	,	6. Election Campaign Financing \$5.00 May Be		May Be
23	•	28 WEST VALM	<b>BC</b>	<u>س</u>	PL		Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip 7 // A//	Cou	ntry			8. This corporation owes the current ye		
24	25		<u>o                                    </u>				Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent					10. Name and Address of New Regist	ered Agent	
CDA	NEV BONNE C		Ì	81	Name				_
FRADLEY, DONALD S				82	Street A	Street Address (P.O. Box Number is Not Acceptable)			
	ENNOCK LANE STE 104		83						
JUPI	TER FL 33458								,
	,			84	City			85 Zip (	Code
	·	<del>-</del>						FL   B   E   F	rogistored
office or r	enistered agent or both in the State o	f Florida. Such change was aut	horized	DV 1	the corpo	corpor ration	ration submits this statement for the purpor's board of directors. I hereby accept the	se of changing its appointment as re	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Florid	la Statu	ites.			-		
SIGNATURE							when reinstating) DA		(
	Signature, typed or printed name of registered agent		egistered 13.	Agent	t signature re-	quired w	when reinstating) DA ADDITIONS/CHANGES TO OFFICER		IRS IN 12
12.	OFFICERS AND DIRECTORS  DELETE			447775		I	<del>)</del>	Change	Addition
TITLE				ينم ا		~ ~ /	OLINE DI L'EMINO		_
NAME	TINDEET, DOTALD O			1.3 STREET ADDRESS 16			A CHOPE DR.		ļ
STREET ADDRESS	27 PENNOCK LANE STE 104 .				ADDRESS .	100	O SHORE DR. 1UIERA BEACH FL	33404	{
CITY-ST-ZIP	JUPITER FL 33458	DELETE	1.4 CITY-:		1-ZIP		TOTERA BLIKE	Change	Addition
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NAME		•			ADODECC				
STREET ADDRESS	_				STREET ADDRESS 4 CITY-ST-ZIP				
CITY-ST-ZIP		DELETE	3.1 TITLE		1-ZIP			[] Change	Addition
TITLE			3.2 NAME					3-	_
NAME			3.3 STREET ADDRESS			•		1	
STREET ADDRESS									
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CITY-ST-ZIP TITLE	1			I.4 CITY-ST-ZIP				Change	Addition
			5.2 NA					•	
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STREET ADDRESS CITY- ST- ZIP			5.4 CI						ļ
TITLE		☐ DELETE	6.1 TT		+			☐ Change	Addition
NAME			6.2 NA	ME					Ì
STREET ADDRESS			6.3 ST	REET	ADDRESS				}
CITY OF THE			6,4 CF	TY-ST	T- 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 conforation 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: