Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90077 019 \*\*\*150.00

## 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 # P97000097386

1. Corporation Name

FLORIDA KEYS PORTABLE POWER, INC.

12011101	( RETO TOMADEE TOWER,								
Principal Place of Business Mailing Address							-	11 1001	
30454 POINCIANA ROAD 30454 POINCIANA ROAD									
BIG PINE KEY FL 33043  BIG PINE KEY FL 33043							DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed 11/14/1997		
2. Principal Place of Business		2a.	2a. Mailing Address				4. FEI Number Applied	-or	
21		26	26				65-0819665 Not App	icable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired  \$8.75 Addition		
22		_ 27.	27			<u> </u>	Fee Require	<u> </u>	
City & State		28	City & State					ncing S5.00 May Be Added to Fees	
Zip			Cou	Country		8. This corporation owes the current year Intangible			
24	25	29	ĺ	30			Personal Property Tax. Yes N		
	9. Name and Address of Current	Regis	stered Agent				10. Name and Address of New Registered Agent		
					81	Name			
WANKLING, VICTOR J				82	Street Addre	ss (P.O. Box Number is Not Acceptable)			
30454 POINCIANA ROAD									
BIG	PINE KEY FL 33043			83			•		
				84 City FL 85 Zip Code					
44 Durquant	to the provisions of Sections 607 0502					named corne			
office or n agent. I a	egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florid ions of	da. Such change was au f, Section 607.0505, Flor	uthorized rida Stati	by thutes.	he corporation	ration submits this statement for the purpose of changing its regis 's board of directors. I hereby accept the appointment as register  when reinstating)  DATE	ered ed .	
office or n agent. I a	egistered agent, or both, in the State o	of Floridions of	da. Such change was au f, Section 607.0505, Flor	uthorized rida Stati	by thutes.	ne corporation	n's board of directors, i nereby accept the appointment as register		
office or re agent. I a	egistered agent, or both, in the State or mamiliar with, and accept the obligation of the state	of Floridions of	da. Such change was au f, Section 607.0505, Flor	uthorized rida Stati Registered	d by thutes.	ne corporation	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
office or reagent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Floridions of	da. Such change was au f, Section 607.0505, Flor fi applicable. (NOTE:	Registered	Agent s	ne corporation	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
office or reagent. I as	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor fi applicable. (NOTE:	Registered 13. 1.1 TI	AME	ne corporation	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
office or reagent. I as SIGNATURE  12.  TITLE  NAME	egistered agent, or both, in the State of m familiar with, and accept the obligation of the control of the cont	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS  DELETE	Registered 13. 1.1 TT 1.2 N/ 1.3 S1	AME	signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	I 12 Addition	
office or ragent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor fi applicable. (NOTE:	Registered 13. 1.1 TT 1.2 N/ 1.3 S1	J Agent s TLE AME TY-ST-2	signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II		
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS  DELETE	Registered 13. 1.1 TT 1.2 N/ 1.3 ST	Agents TLE AME TREET A	signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	I 12 Addition	
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS  DELETE	Registered 13. 1.1 TT 1.2 N/ 1.3 ST 1.4 CT 2.1 TT 2.2 N/	J Agent s TLE AME TY-ST-	signature required	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II	I 12 Addition	
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS DELETE DELETE	Registered 13. 1.1 TT 1.2 NV 1.3 ST 1.4 CT 2.1 TT 2.2 NV 2.3 ST	J Agent s TLE AME TY-ST-	algorithm required  ADDRESS ZIP	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change	Addition	
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS  DELETE	Registered   13.   1.1 TT   1.2 NV   1.3 ST   1.4 CT   2.1 TT   2.2 NV   2.3 ST   2.4 CC   3.1 TT   2.1 TT	TLE AME TY-ST- TLE AME TREET A TY-ST-	algorithm required  ADDRESS ZIP	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change	I 12 Addition	
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS DELETE DELETE	Registered   13.   1.1   1.2   N/   1.3   S    1.4   C    2.1   T    2.2   N/   2.3   S    2.4   C    C    C    C    C    C    C	TLE AME TY-ST- TLE AME TREET A TY-ST-	algorithm required  ADDRESS ZIP	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change	Addition	
office or ragent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE TITLE TITLE TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS DELETE DELETE	Registered 13. 1.1 TT 1.2 NV 1.3 S1 1.4 CI 2.1 TT 2.2 NV 2.3 S1 2.4 C 3.1 TT 3.2 NV	TLE AME TY-ST- TLE AME TREET A TY-ST- TLE TREET A TY-ST- TLE AME	algorithm required  ADDRESS ZIP	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change	Addition	
office or ragent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS DELETE DELETE	Registered   13.   1.1 TT   1.2 NV   1.3 ST   2.4 CC   3.1 TT   3.2 NV   3.3 ST   3.4 CC	J Agent s TLE TLE TREET A	algnature required  ADDRESS ZIP  ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change  Change	Addition  Addition	
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS DELETE DELETE	Registered   13.   1.1 TT   1.2 NV   1.3 ST   1.4 CI   2.1 TT   2.2 NV   2.3 ST   2.4 C   3.1 TT   3.2 NV   3.3 ST   3.4 C   4.1 TT   1.2 TT   3.5 NV   3.4 C   4.1 TT   3.5	I Agent a TLE AME IREET A TLE TREET A TLE TREET A	algnature required  ADDRESS ZIP  ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change  Change	Addition	
office or ragent. I ai SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS DELETE DELETE	Registered   13.   1.1   1.2   N/   1.3   S1   1.4   CI   2.1   TI   2.2   N/   2.3   S1   2.4   C   3.1   TI   3.2   N/   3.3   S1   3.4   C   4.1   TI   4.2   N/   4.2   N/	J by the state of	algnature required  ADDRESS ZIP  ADDRESS -ZIP  ADDRESS	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change  Change	Addition  Addition	
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS DELETE DELETE	Registered   13.   1.1   1.2   N/   1.3   S    1.4   C    2.1   T    2.2   N/   2.3   S    2.4   C    3.1   T    3.2   N/   3.3   S    3.4   C    4.1   T    4.2   N/   4.3   S	J Agent s  TLE  TLE  TREET A  TTY-ST-  TLE  TREET A  TTY-ST-  TLE  TREET A  TTY-ST-  TLE  TTY-ST-  TLE  TTY-ST-  TLE  TTY-ST-  TLE  TTY-  TY-  TY	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change  Change	Addition  Addition	
office or ragent. I ai SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	egistered agent, or both, in the State of m familiar with, and accept the obligate Signature, typed or printed name of registered agent OFFICERS AND WANKLING, VICTOR J 30454 POINCIANA ROAD	of Floridions of	da. Such change was au f, Section 607.0505, Flor if applicable. (NOTE: ECTORS DELETE DELETE	Registered   13.   1.1   1.2   N/   1.3   S    1.4   C    2.1   T    2.2   N/   2.3   S    2.4   C    3.1   T    3.2   N/   3.3   S    3.4   C    4.1   T    4.2   N/   4.3   S	TLE AME IREET A IREET A AME IREET A IR	ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS	when reinstating)  DATE  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II  Change  Change	Addition  Addition	

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR NUIRED

DELETE

☐ Change

Addition