## 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 # P98000016481

ALTERNATIVE MARINE POWER & PANELS, INC.

Mailing Address

3628 PARK STREET STE 12

3628 PARK STREET STE 12

## May 08, 1999 8:00 am Secretary of State

05-08-1999 90038 034 \*\*\*150.00



JACKSONVILLE I	KSONVILLE FL 32205 JACKSONVILLE FL 32205			DO NOT WRITE IN THIS S	DO NOT WRITE IN THIS SPACE		
				Date Incorporated or Qualifed			
				02/19/1998			
	- of Duning	2a. Mailing Address		4. FEI Number	☐ Ar	oplied For	
2. Principal Pla	ace of Business	Za. Maining Address	hel Stre	of 59-3495967	<u> </u>	ot Applicable	
21 4204	HEISCHEI Street	26 4204 Herson	HEI ALLE	ec 5-1-3113101		Additional	
Suite, Apt. #	#, etc.			5. Certificate of Status Desired	•	equired	
22 SU	ITE 12	27 Suite 12	-				
City & State	Kunulla II	City & State	o TI	6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
23 JUC	MODIUITIE TE	28 SPEENINII	Country			101000	
一 <sup>Zip</sup> <b>ラ</b> クク	10 Country	32210 30	- lich	<ol><li>This corporation owes the current year Inta Personal Property Tax.</li></ol>	∏ Yes	X No	
24 322	25 USFT		W3A	10. Name and Address of New Registered A			
	9. Name and Address of Current	Registered Agent	81 Name	. ( )			
EDWA	ARDS, STEVEN P			Edwards Steven P.			
3628 PARK STREET STE 12				Address (P.O. Box Number is Not Acceptable)			
JACKSONVILLE FL 32205				204 Herschel St.			
JACK	SOLVILLE FL 32203		63	Suite 12			
			84 City		85 Zip,	Ç8 <sup>d</sup> €	
			<u> </u>	acksonville FL	1 3 -	RIU	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoin	:nanging its itment as re	registered	
agent. I ar	n familiar with, and accept the obligation	ons of, Section 607.0505, Florida	Statutes.	, , , , , , , , , , , , , , , , , , , ,			
SIGNATURE						i	
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	gistered Agent signature	required when reinstating) DATE			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		DRS IN 12	
TITLE		☐ DELETE	11TITLE	President	Change	Addition	
NAME			1.2 NAME	Steven P. Edwards			
STREET ADDRESS			1.3 STREET ADDRESS	1259 Holiday Hill Circle N.			
CITY-ST-ZIP			14 CITY-ST-ZIP	7259 Holiday Hill Circle N. Jacksonville, FL 32216			
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition	
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE		☐ Change	☐ Addition	
NAME			32 NAME			l	
STREET ADDRESS			3.3 STREET ADDRESS				
			3.4. CITY-ST-ZIP			ľ	
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE		Change	Addition	
			4. 2 NAME				
NAME			4.3 STREET ADDRESS				
STREET ADDRESS			4.4 CITY-ST-ZIP				
CITY-ST-ZIP		DELETE	5.1 TITLE		Change	Addition	
TITLE			5.2 NAME		_ ,	1	
NAME			5.3 STREET ADDRESS			ļ	
STREET ADDRESS			5.4 CITY-ST-ZIP				
CITY-ST-ZIP			6.1 TITLE		Change	Addition	
TITLE		☐ DELETE					
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				

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 chapted, or on an attachment with an address, with all other like empowered.