

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 22, 1999 8:00 am
Secretary of State
09-22-1999 90006 042 ***550.00

DOCUMENT # P98000090224

1. Corporation Name
ENERGY PULSE INC.



Principal Place of Business
**2300 SOUTHWEST 84TH TERRACE
MIRAMAR FL 33025**

Mailing Address
**2300 SOUTHWEST 84TH TERRACE
MIRAMAR FL 33025**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/22/1998

2. Principal Place of Business

21 **P.O. Box 245863**

2a. Mailing Address

26 **P.O. Box 245863**

4. FEI Number

65-0875137

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

23 **PEMBROKE PINES, FL**

City & State

28 **PEMBROKE PINES, FL**

6. Election Campaign Financing

Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

24 **33024**

Country

25 **USA**

Zip

29 **33024**

Country

30 **USA**

8. This corporation owes the current year

Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**STEWART, DONNARAE
2300 SOUTHWEST 84TH TERRACE
MIRAMAR FL 33025**

10. Name and Address of New Registered Agent

81 Name

STEWART, DONNARAE

82 Street Address (P.O. Box Number is Not Acceptable)

3300 PEMBROKE RD,

83

LOT 28

84 City

HOLLYWOOD

FL

85 Zip Code

33021

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

Donna Rae Stewart

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 **PD** ☐ DELETE
NAME **STEWART, MICHAEL**
STREET ADDRESS **2300 SOUTHWEST 84TH TERRACE** **P.O. Box 245863**
CITY-ST-ZIP **MIRAMAR FL 33025** **PEMBROKE PINES, FL 33024**

TITLE **VD** ☐ DELETE
NAME **STEWART, DONNARAE**
STREET ADDRESS **2300 SOUTHWEST 84TH TERRACE** **P.O. Box 245863**
CITY-ST-ZIP **MIRAMAR FL 33025** **PEMBROKE PINES, FL 33024**

TITLE ☐ DELETE
NAME
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CITY-ST-ZIP

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TITLE ☐ DELETE
NAME
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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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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.

SIGNATURE: *Donna Rae Stewart* **9/12/99 954-981-4259**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (5/99)