FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:50

DOCUMENT # V43689 (1)

1. Corporation Name
CORE POWER SYSTEMS, INC.

Principal Place of Business
72 SE 6TH AVE
DELRAY BEACH FL 33483-5316

Mailing Address
72 SE 6TH AVE
DELRAY BEACH FL 33483-5316

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/12/1992
3a. Date of Last Report: 06/01/1994
4. FEI Number: 65-0343386 — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.0?? Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 5365 W. Atlantic Ave.	26 5365 W. Atlantic Ave.
Suite, Apt. #, etc. 22 Suite 505	Suite, Apt. #, etc. 27 Suite 505
City & State 23 Delray Beach, FL	City & State 28 Delray Beach, FL
Zip 24 33484 — County 25 Palm Bch.	Zip 29 33484 — County 30 Palm Beach

9. Name and Address of Current Registered Agent

LONG, JOHN A.
72 SE 6TH AVE
DELRAY BEACH FL 33483-5316

10. Name and Address of New Registered Agent

01 Name:
02 Street Address (P.O. Box Number is Not Acceptable): 5365 W. Atlantic Ave.
03 Suite 505
04 City: Delray Beach FL 05 Zip Code: 33484

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 John A. Long, President x [signature] DATE 6/27/95

12. OFFICERS AND DIRECTORS	
TITLE	PVS
NAME	LONG, JOHN A
STREET ADDRESS	6750 WINFIELD BLVD.
CITY-ST-ZIP	MARGATE FL 33063
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (☐ Change ☐ Addition — blank)

14. I the undersigned hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] John A. Long, Pres. — 6/27/95 — (407) 637-8181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0076111 CP