FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT " CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # V43689

(1)

CORE POWER SYSTEMS, INC.

FILED May 14 1997 8:00am Secretary of State

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5365 W. ATL SUITE 505 DELRAY BEA	ace of Business ANTIC AVENUE ACH FL 33484	SUITE 505 DELRAY B	TLANTIC AVENU		•									
US		US					Date Incorporated or Qualifier 06/12/1992		Date of Last F /09/1996	teport				
	Place of Business	· · ·	Address		*****	·····, ·······························	FEI Number		Ar	oplied For				
Sule, Ar	t a sto	26 Suito	Apt. #, etc.			*****	65-0343386			ot Applicable				
22		27					Certificate of Status Desired B. Bection Campaign Financing		Fee R	Additional equired				
City & St 23	arc	City &	State				Trust Fund Contribution	П		May Be to Fees				
Zip	Country 25	Zip 29		Count	lry		This corporation has liability f		e tax under s					
	Name and Address of Cu						Name and Address of New							
	ONG, JOHN A.			8	1	Name								
	165 W. ATLANTIC AVENUE			В	2	Street Addre	ss (P.O. Box Number is Not Accep	table)						
	uite 505 Elray Beach FL 33484			8	3			······································						
					4	City			85 Zip	Code				
	nt to the provisions of Sections 607.							<u> </u>	-					
SIGNATURE	Signature, typica or printed name of registern	d agent and title if applicable	ie inote	Registered A		nt signature requirer	when reinstating) ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIRECTORS Change	Addition				
NAMÉ	LONG, JOHN A		LL Decem	1.2 NAM		İ								
STREET ADDRES	s 6750 WINFIELD BLVD.			1.3 STRE	ET A	ADDRESS	·							
C-TY - ST - Z-P	MARGATE FL 33063			1.4 CITY		ZIP			110	1.000				
THLE			☐ DELETE	2.1 TrTLE					Change	Addition				
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CITY - S1 - ZIP	*			2. 4 CITY			'	1						
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NAME				3.2 NAM										
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TITLE			DELETE	3.4. CITY 4.1 TITLE		1-24			Change	Addition				
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L curver vis				4.3 STRE	EET A	MODULESS								
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TITLE NAME STREET ADDRES CHY-ST-ZIP TITLE	s			4.4 CITY 5.1 TITLE 5.2 NAM 5.3 STRE 5.4 CITY 6.1 TITLE 6.2 NAM	EET /	ADDRESS (- ZIP								

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 a statute and that my name address.

SIGNATURE: