FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

(9)

DOCUMENT # **V61491**

1. Corporation Name
HIGHER POWER, INC.

Principal Place of Business:
450 BOWIE LN
PO BOX 1813
KEY LARGO FL 33037
US

Mailing Address:
450 BOWIE LANE
P.O. BOX 1813
KEY LARGO FL 33037

3. Date Incorporated or Qualified: **09/03/1992**
3a. Date of Last Report: **08/21/1995**

4. FEI Number: **65-0365091** [ ] 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. Mark corporation's Limited Liability for ineligible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

WILLIAM FALLER AND ASSOCIATES INC.
6878 WEST ATLANTIC BLVD.
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0505 and 607.1505, 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. The 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PORTER, HARRY M 450 BOWIE LN,-PO BOX 1813 KEY LARGO FL	[ ] DELETE	1 TITLE 1 NAME 1 STREET ADDRESS 1 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIXON, JOHN 35 SOUTH DR. KEY LARGO FL	[ ] DELETE	2 TITLE 2 NAME 2 STREET ADDRESS 2 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE	3 TITLE 3 NAME 3 STREET ADDRESS 3 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE	4 TITLE 4 NAME 4 STREET ADDRESS 4 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE	5 TITLE 5 NAME 5 STREET ADDRESS 5 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		[ ] DELETE	6 TITLE 6 NAME 6 STREET ADDRESS 6 CITY-ST-ZIP	[ ] Change [ ] Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 119.07(5)(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: Harry M. Porter Harry M. Porter 4-17-96 305/451-4118
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #