

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Aug 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V64382 (7)
1. Corporation Name
U.S. SOLAR POWER CORP.



Principal Place of Business

Mailing Address

470 MOFFAT LOOP
OVIEDO FL 32765
US

470 MOFFAT LOOP
OVEIDO F 32765
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3a. Date of Last Report	
21 4185 WEST LAKE MARY BLVD		10/01/1992	
Suite, Apt. #, etc.		3a. Date of Last Report	
22 Suite 201		02/22/1996	
City & State		4. FEI Number	
23 LAKE MARY FL		59-3151397	
Zip		Applied For	
24 32746		Not Applicable	
Country		5. Certificate of Status Desired	
25 FL		<input type="checkbox"/> \$8.75 Additional Fee Required	
26 32746		6. Election Campaign Financing	
27 32746		Trust Fund Contribution	
28 32746		<input type="checkbox"/> \$5.00 May Be Added to Fees	
29 32746		8. This corporation owes or has paid the current year Intangible	
30 32746		Personal Property Tax due June 30.	
31 32746		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SYMONDS, DARREL
470 MOFFAT LOOP
OVIEDO FL 32765

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

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 Darrel Symonds DARREL SYMONDS 7-25-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	OWNER
NAME	SYMONDS, DARREL	1.2 NAME	DARREL SYMONDS
STREET ADDRESS	3987 SABAL DRIVE	1.3 STREET ADDRESS	470 MOFFAT LOOP
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	OVIEDO FL 32765
TITLE	VSD	2.1 TITLE	
NAME	SYMONDS, DIANA	2.2 NAME	
STREET ADDRESS	470 MOFFAT LOOP	2.3 STREET ADDRESS	
CITY-ST-ZIP	OVIEDO FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 Darrel Symonds 7-25-97 407-365-4740

CR2E034 (4/97)