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PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

ANNUAL REPORT 1999

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90195 025 ***150.00



DOCUMENT	#	V64382
1. Corporation Name		10.00E

U.S. SOLAR POWER CORP.

Mailing Address Mailing								
SUITE 201 LAKE MANY FL 32746 US 2. POINCIDED Fface of Business 2. Addition, Address 3. Date Incorporated or Qualified 10/01/1992 2. POINCIDED Fface of Business 3. Date Incorporated or Qualified 10/01/1992 3. Date Incorporated or Qualified 10/01/1992 3. Suite, Ant. E. ptic. Suite, Ant	Principal Place	e of Business	Mailing Address			I SBOIT BLIBID BINT BIORD NIET IBNE NALE DIDIT A	HALL MIEN GIBLE (SIEN GIBIN (#31
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Supplementary Supplementar	2. Principal Pl	ace of Business	2a. Mailing Address				Aç	oplied For
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City & State 23 City & State 23 City & State 24 Zis Zip Country Zip Zip	· ·	#, etc	<u> </u>			5. Cértificate of Status Desired		
Trust Fund Contribution	City & State					2 Florito Consolar Financia		<u> </u>
Zip Country Zip Signature Section			— ·			· · · · · · · · · · · · · · · · · · ·		•
9. Name and Address of Current Registered Agent SYMONDS, DARREL 470 MOFFAT LODP OVIEDO FL 32765 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 85 Street Address (P.O. Box Number is Not Acceptable) 86 City FL 85 Zip Code 87 Street Address (P.O. Box Number is Not Acceptable) 88 City FL 85 Zip Code 89 Street Address (P.O. Box Number is Not Acceptable) 89 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of Section 607/505. Floride Statutes. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floride Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of Section 607/505. Floride Statutes. 12. OFFICERS AND DIRECTORS 113		Country		Countr	y	8. This corporation owes the current year In:	tangible	
10. Name and Address of New Registered Agent 10. Name and New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Address of New Registered Agent 10. Name and New Registered Agent 10. Name and Address of New Registered Agent 10. Name and Name 10.	24	25	29	30		Personal Property Tax.	☐ Yes	□No
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470 MOFFAT LOOP OVIEDO FL 32785 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607,0502, and 607,1508, Florida Statutes, the above-named comporation submits this statement for the purpose of changing its registered optica 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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the above or private in the provisions of Section 607,0505, Florida Statutes, the appointment are registered agent, or both the provisions of Section 607,0505, Florida Statutes, the appointment are registered greatered and the provisions of Section 607,0505, Florida Statutes, the appointment are registered appointment are registered appointment are registered appointment are registered appointment as registered appointment are r	CVM	ONDS DADDEI		8	Name	•		
OVIEDO FL 32765 83				82	Street	t Address (P.O. Box Number is Not Acceptable)		
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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, 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, or both, and accept the obligations of, Section 607 (505, Florida Statutes.) SIGNATURE				84	City	FL	_ 85 ZID 1	Code
SIGNATURE SIGNATURE Signature, byted or printed name of registered speed and the if applicable. (NOTE Repostered Agent signature required when remainting) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1.2 TITLE O DELETE 1.1 TITLE OVERDORES VYMONDS, DARREL 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZP OVIEDO FL 1.4 CITY-ST-ZP OVIEDO FL 1.4 CITY-ST-ZP DELETE 2.1 TITLE DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZP 1.4 CITY-ST-ZP DELETE 3.1 TITLE DELETE 3.1 TITLE DELETE 3.2 STREET ADDRESS CITY-ST-ZP TITLE DELETE 3.3 STREET ADDRESS CITY-ST-ZP 4.4 CITY-ST-ZP TITLE DELETE 5.5 TITLE DELETE 5.5 TITLE DELETE 5.5 STREET ADDRESS CITY-ST-ZP TITLE DELETE 5.5 TITL	11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	utes, the abov	e-name	d corporation submits this statement for the purpose of	changing its	registered
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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 chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daytime Phone #