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

APPROVED
AND
FILED

95 MAY -1 PM 1:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V71587 **(2)**

1. Corporation Name

INTERMODAL POWER CORP.

Principal Place of Business

10235 NE 53RD ST.
SUNRISE FL 33352
US

Mailing Address

10235 NW 53 ST
SUNRISE FL 33352
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/12/1992

3a. Date of Last Report: 03/24/1994

4. FEI Number: 65-0364730 ☐ 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. The corporation has paid its intangible tax under S. 199.[illegible] 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

ROHRBACH, CHRIS
1017 SW 149 LANE
SUNRISE FL 33326

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 6161 NW 31 TER

84 City FT. LAUDERDALE FL 85 Zip Code 33309

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

Date

12. OFFICERS AND DIRECTORS

TITLE DPT
NAME ROHRBACH, CHRIS
STREET ADDRESS 1017 S.W. 149TH LANE
CITY-ST-ZIP SUNRISE FL

TITLE DVS
NAME ROHBACH, SCOTT
STREET ADDRESS 11830 NE 29TH ST.
CITY-ST-ZIP SUNRISE FL

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

1a TITLE ☐ Change ☐ Addition
1b NAME
1c STREET ADDRESS
1d CITY-ST-ZIP

2a TITLE ☐ Change ☐ Addition
2b NAME
2c STREET ADDRESS
2d CITY-ST-ZIP

3a TITLE ☐ Change ☐ Addition
3b NAME
3c STREET ADDRESS
3d CITY-ST-ZIP

4a TITLE ☐ Change ☐ Addition
4b NAME
4c STREET ADDRESS
4d CITY-ST-ZIP

5a TITLE ☐ Change ☐ Addition
5b NAME
5c STREET ADDRESS
5d CITY-ST-ZIP

6a TITLE ☐ Change ☐ Addition
6b NAME
6c STREET ADDRESS
6d CITY-ST-ZIP

14. I, the undersigned, 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: Scott Rohrbach
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 4/28/95 305-741-5009
Daytime Phone #