

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

*I thought June 30, 1997 was the*

FILED

*J. B. Morthahn*  
Jul 16 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **535940** (1)  
1. Corporation Name  
**ENERGY CONSERVATION EQUIPMENT CORP.**

Principal Place of Business <b>1527 C ROAD LOXAHATCHEE FL 33470</b>	Mailing Address <b>1527 C ROAD LOXAHATCHEE FL 33470-4226</b>
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2. Principal Place of Business 21 <input type="checkbox"/> Suite, Apt. #, etc.	2a. Mailing Address 26 <input type="checkbox"/> Suite, Apt. #, etc.
22 City & State 23 Zip Country	27 City & State 28 Zip Country
24	25 Country
29	30 Country

3. Date Incorporated or Qualified <b>05/27/1977</b>	3a. Date of Last Report <b>05/23/1996</b>
4. FEI Number <b>59-1770194</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**OTTO, DAVID H.  
1527 C ROAD  
LOXAHATCHEE FL 33470**

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 607.0502 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	OTTO, DAVID H.	
STREET ADDRESS	1527 C ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	OTTO, BARBARA D.	
STREET ADDRESS	1527 C ROAD	
CITY-ST-ZIP	LOXAHATCHEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**900002240109**  
**-07/17/97--01004--011**  
**\*\*\*550.00**

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 *Barbara D. Otto* (111) 763-1081

CR2E034 (9/96)