FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #

ATION, INC.												
Principal Place of Business			Mailing Address						T BULL BIRLY D		#### #################################	
165 W SR 434 WINTER SPRINGS FL 32708 US			PO BOX 950455 LAKE MARY FL 32795-0455 US					Date Incorporated or Qualified	- 13a. F	Date of Last R	eport	
								02/19/1985	-	02/22/19		
2. Principal Place of Business			2a. Mailing Address					4. FEI Number		Ar	oplied For	
21			26					59-2920523			ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired			Additional equired	
City & State			City & State				+	6. Election Campaign Financing			May Be	
23			28					Trust Fund Contribution		Added		
Zip			Zip Cou			ntry		8. This corporation has liability for	intangible	e tax under s	. 199.032,	
24	25		29 30					Florida Statutes Zer I No				
9. Name and Address of Curren		ess of Current Regis	Registered Agent		81 Name		1	10. Name and Address of New R	egistered	Agent		
					۱'	Name						
ENERGY PROPERTY MGMT SVCS INC						Street Ac	ddress	ess (P.O. Box Number is Not Acceptable)				
165 WEST STATE ROAD 434 WINTER SPRINGS FL 32708								·····				
WINTER	SPRINGS FL 32700			-	84	City				85 Zip	Code	
									<u> </u>			
l office or re	egistered agent, or bo	th, in the State of Floris	da. Such change was	authorized	ł by	the corpo	orpora oration	tion submits this statement for the 's board of directors. I hereby acc	purpose o	of changing if	ts registered registered	
agent. I a	m familiar with, and ac	cept the obligations o	f, Section 617.0503, FI	orida Stati	utes.				~/	100	•	
SIGNATURE(_	dona N Ke	ne of registered agent and title	VE H. Russell	Pre	S .		സ്ട	chon reinslating)	<u>ا / الح</u>	1147		
12,		OFFICERS AND DIREC		13.	- Hei	incergi incure re	40.00	ADDITIONS/CHANGES TO OFF	ICERS AN	ID DIRECTOR	RS IN 12	
TITLE	VPD		☐ DELETE	1.1 TIT	LE		P/I)	,	XX Change	Addition	
NAME	DEBELLAS, TON	Y		1.2 NA	ME							
STREET ADDRESS	549 ESTATES PL	ACE		1.3 ST	REET /	ADDRESS						
CITY-ST-ZIP	LONGWOOD FL		\ <u>/</u>	1.4 CIT			** * *					
TITLE	D		DELETE	2.1 TIT		ΙΤ.	V/Ι	n Gary	3	er er erre iller	Addition	
NAME	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			2.2 NJ		IAME IT DO		rp, Gary 3 Biltmore Point gwood, FL 3277	-			
STREET ADDRESS 530 ESTATES PLACE		ACE			2.3 STREET ADDRESS		00.	Wood FI 327	/a			
CITY-ST-ZIP					4 CITY-ST-ZIP		OHE	9NOOU) 1		XX Change	Addition	
	PD OTDANO OTERN	PM .		3.1 III 3.2 NA		Ψ				XIXI CHANGE	Addition	
NAME CYDEET ADDRESS	NAME STRANG, STEPHEN STREET ADDRESS 627 ESTATES PLACE		.			ADDRESS						
CITY-ST-ZIP	LONGWOOD FL	ACE		3.4. CI								
TITLE	DS		DELETE	4.1 TIT			/T/	/n		XX Change	Addition	
NAME	ELSBERRY, MICH	HAFI		4, 2 N/	AME.	۲	, , ,	D		,,,, ·		
STREET ADDRESS	548 ESTATES PL			4.3 ST	REET	ADDRESS						
CITY-ST-ZIP	LONGWOOD FL		. 1	4.4 CI1	Y-ST	T - ZIP						
TITLE	TD		DELETE	5.1 TIT	LE	D) ,		Ž	Fig.	Addition	
NAME RAABD, DAVID			5.21		NAME Q		Ωḥş	ary, Çarlos Yande <u>r</u> bilt <u>Po</u> j			-	
STREET ADDRESS 620 ESTATES PLACE		ACE				ADDRESS 2	ÑΤΑ	y vanuerpiit Poi	ŢΠŢ			
CITY-ST-ZIP	LONGWOOD FL			5.4 CI		1- ZIP	<u>ong</u>	gwood, FL 3277	<u> </u>			
TITLE			☐ DELETE	6.1 TIT						Change	Addition	
NAME				6.2 NA								
STREET ADDRESS				6.3 ST	REET	ADDRESS						
I CITY OF ZID I				8 6400	W C1	ו פולי						

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 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 statutes and that my name appears in Block 12 allows a statutes; and that my name appears in Block 12 allows a statutes.

FILED

Feb 17 1997 8:00am

Secretary of State