

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

FILED
May 17, 1999 8:00 am
Secretary of State

05-17-1999 90099 033 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000068107

1. Corporation Name

~~ENERGY SAFE, INC.~~

Storm Smart Building Systems, Inc

Principal Place of Business

3240-1 METRO PLANTATION RD
 FORT MYERS FL 33912
 US

Mailing Address

5845 CORPORATION CIRCLE
 FORT MYERS FL 33905



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/05/1996 (changed)

4. FEI Number

65-0698091

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. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business

21 6240-1 Metro Plantation Rd

Suite, Apt. #, etc.

22 City & State

23 Ft. Myers, Fl. 33912

24 33912

Country

25 U.S.

2a. Mailing Address

27 Same

Suite, Apt. #, etc.

28 City & State

29 Zip Country

30

9. Name and Address of Current Registered Agent

HOOVIS, BRUCE
 5845 CORPORATION CIRCLE
 FORT MYERS FL 33905

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	HOOVIS, BRUCE	
STREET ADDRESS	5845 CORPORATION CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CORNELISON, PATRICK	
STREET ADDRESS	5845 CORPORATION CIRCLE	
CITY-ST-ZIP	FT MYERS FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	ABBATELLO, CINDY	
STREET ADDRESS	5845 CORPORATION CIRCLE	
CITY-ST-ZIP	FT MYERS FL	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P Cornelison, Patrick
2.3 STREET ADDRESS	6240-1 Metro Plantation Rd.
2.4 CITY-ST-ZIP	Ft. Myers, FL. 33912
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ST Abbatiello, Cindy
3.3 STREET ADDRESS	6240-1 Metro Plantation Rd.
3.4 CITY-ST-ZIP	Ft. Myers, FL. 33912
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	V Rist Brian
4.3 STREET ADDRESS	6240-1 Metro Plantation Rd.
4.4 CITY-ST-ZIP	Ft. Myers, FL. 33912
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	

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Patrick Cornelson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-19-99

Date

888-962-7283

Daytime Phone #

CR2E034 (1/98)