## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # 67634	3 (7)						
ENERG	Y SERVICES BUREAU, IN	C.				# (BB/AD B)(()	1 1464 01861 01811 <b>148</b> 41 14844	. 611)) 616)( 166)
Principal Place of Business Mailing Address					<del></del>			
6141 S.W. 15TH ST. C/O ALBERT FREDRIC PETERSON PLANTATION FL 33317-4615			C/O ALBERT FREDRIC PETERSON PLANTATION FL 33317-4615			Date Incorporated or Qualified	3a. Date of Last Re	eport
U\$		U\$	U\$			07/03/1980 4. FEI Number	08/03/199	95
2. Principal Pla	at Place of Business 2a. Mailing Address					4. FEI Number	· [_]′	Applied For
21 Cuito Ant #	26     Suite, Apt. #, etc.   Suite, Apt. #, etc.					59-2012115		Not Applicable Additional
22 27						5. Certificate of Status Desired	1 4	Required
City & State		City & State	. ,			6. Election Campaign Financing	\$5.00	0 May Be
23		28	· · · · · · · · · · · · · · · · · · ·		,	Trust Fund Contribution		d to Fees
Zip	Country	Zφ	Cou	intry		8. This corporation has liability for i	_"	199.032,
24	25 Name and Address of Currer	nt Registered Agent	30	Γ		Florida Statutes Yes  10. Name and Address of New R	<u> </u>	
	g, Haine and Address of Curren	it riegistered Agent		81 1	Name	to, name and records of them in	ogiotorou Agott	
				-		A L /D.O. Day N Del Aggestable)		
PETERSON, ALBERT FREDRIC				82 Street Address (P.O. Box Number is Not Acceptable)			ie)	
6141 S.W. 15TH ST.				83				
PLANTATION FL 33317			84 City				B5 Zip	p Code
								l l
or registere familiar with SiGNATURE	ed agent, or both, in the State of Flori h, and accept the obligations of, Sect	ida. Such change was authorize tion 607.0505, Florida Statutes.	d by the c	corpor	ation's board	tion submits this statement for the pur d of directors. I hereby accept the appo	ointment as registered	agent. I am
	Signature, typed or printed name of registered agen			Agent si	ignature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	ARS INI 12
TITLE	OFFICERS AND DIRECTORS			13. 1.1 TiTLE		ADDITIONS/CHANGES TO OFF	Change	Addition
NAME	ערן		1.2 NAME				<u></u>	
STREET ADDRESS	SWEAT, J PASCO		1.3 STREET ADDRESS		DRESS			
CITY-ST-ZIP	SWEAT LOOP RD		1.4 CITY - ST - ZIP					
TITLE	BALM, FL 00000		2.1 T	2. 1 TITLE			☐ Change	Addition
NAME	PETERSON, ALBERT F.		2.2 NA	2.2 NAME				
STREET ADDRESS	6141 S.W. 15TH ST.		2.3 STREET ADDRESS		ODRESS			
CITY-ST-ZIP	PLANTATION FL. 15		2.4 CITY - ST - ZIP		ZIP			
TITLE	ST DELETE		3.17				☐ Change	☐ Addition
NAME	PETERSON, ALBERT P.		•	3.2 NAME				
STREET ADDRESS	6141 S.W. 15TH ST.			3.3 STREET ADDRESS 3.4 CITY - ST - ZIP				
CITY-ST-ZIP TITLE	—PLANTATION FL 15	DELETE	3.4 CI 4. 1 T		LIF		☐ Change	Addition
NAME		<b></b>	4.2 N/				<u></u> *-	-
STREET ADDRESS				TREET AL	ODRESS			
CITY-ST-ZIP				TY-ST-	1			
TITLE		☐ DELETE	5. 1 T				☐ Change	Addition
NAME			5.2 N	AME				
STREET ADDRESS			5.3 \$1	TREET AC	DDRESS			l
CITY - ST - ZIP		C Decease		TY-ST-	ZIP		C) 05	Addition .
TITLE		☐ DELETE	6. 1 T				Change	Addition
NAME			62 N		noncen			
STREET ADDRESS				TREET AC				
CITY-ST-ZIP  14. I do hereb	y certify that the information supplied	with this filing is voluntarily furni		iy-st- does i		r the exemption stated in Section 119.	.07(3)(k), Florida Statul	tes. 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 accurace.

SIGNATURE:

96 APR 22