

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 679522 (3)

1. Corporation Name

INTERNATIONAL AUTOMATED ENERGY SYSTEMS, INC.



Principal Place of Business

2600 GOLDEN GATE PKWY  
STE 200  
NAPLES FL 33942-3206

Mailing Address

P.O. BOX 413038  
~~STE 200~~  
NAPLES FL 33941  
US

3. Date Incorporated or Qualified  
07/23/1980

3a. Date of Last Report  
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COLLIER, BARRON G III  
2600 GOLDEN GATE PKWY  
NAPLES FL 33942

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CD ☐ DELETE  
NAME GABLE, LAMAR  
STREET ADDRESS 2600 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES FL

1.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
500001807345  
-05/03/96--01086--030 change ☐ Addition  
\*\*\*200.00

TITLE P ☐ DELETE  
NAME HUESTON, C J  
STREET ADDRESS 2600 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VD ☐ DELETE  
NAME COLLIER, BARRON III  
STREET ADDRESS 2600 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES FL

3.1 TITLE C/D ☒ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE  
NAME MARINELLI, PAUL J  
STREET ADDRESS 2600 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES FL

4.1 TITLE S/T/D ☒ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE SD ☒ DELETE  
NAME ANSLEY, CLARK  
STREET ADDRESS 2600 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES FL

5.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Joseph L. Carrere  
5.3 STREET ADDRESS 300 Poydras St., Ste 2000  
5.4 CITY-ST-ZIP New Orleans, LA 70130

TITLE AS ☒ DELETE  
NAME GORDON, LESLIE  
STREET ADDRESS 2600 GOLDEN GATE PARKWAY  
CITY-ST-ZIP NAPLES FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)