

FILE NOW: FILING FEE IS \$61.25

FILED

**Mar 04 1997 8:00am
Secretary of State**

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # 761899 (4)
 1. Corporation Name
INTERSTATE RENEWABLE ENERGY COUNCIL, INC.



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| Principal Place of Business C/O VICKI MASTAITIS PO BOX 1156 LATHAM NY 12110-1156 US | Mailing Address C/O VICKI MASTAITIS PO BOX 1156 LATHAM NY 12110-0079 US |
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| 3. Date Incorporated or Qualified 02/10/1982 | 3a. Date of Last Report 04/08/1996 |
| 4. FEI Number 59-2201374 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 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 | |

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| 2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country |
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| 9. Name and Address of Current Registered Agent BLOCK, DAVID 300 STATE ROAD 401 CAPE CANAVERAL FL 32920 | 10. Name and Address of New Registered Agent 81 Name BLOCK, DAVID 82 Street Address (P.O. Box Number is Not Acceptable) 1679 CLEARLAKE ROAD 83 84 City COCOA FL 85 Zip Code 32922 |
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11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD MASTAITIS, VICKI PO BOX 1156 LATHAM NY <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD BERRY, CLINTON 320 SIXTH AVE N, 6 FL NASHVILLE TN <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCD WARNER, DAVID 1617 COLE BLVD. GOLDEN CO <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T DEANGELIS, MIKE 1516 9TH ST SACRAMENTO CA <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | MASTAITIS, VICKI PO Box 1156 LATHAM, NY 12110 (N/A) <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | BERRY, CLINTON 320 6th AVE N, 6 FL NASHVILLE TN <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | WARNER, DAVID 1617 COLE BLVD GOLDEN CO <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | DEANGELIS, MIKE 1516 9th ST SACRAMENTO, CA <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** Date: **2/13/97** Daytime Phone #: **518 459 2601**

CFR2E037 (9/96)