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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 . **DOCUMENT #** 

F93000005917 (0)

Corporation Name

Principal Place of Euspress   Soil SAGANORE PARKWAY NORTH   LAFATETE IN 4783   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished of Qualified   Sa. Date of led Papert   12/29/1993   3. Date Recognished   Sa. Date of led Papert   12/29/1993   3. Date Recognished   Sa. Date of Lagrided Investment   12/29/1993   3. Date Recognished   Sa. Date of led Papert   12/29/1993   3. Date Recognished   Sa. Date of Lagrided Investment   12/29/1993   3. Date Recognished   Sa. Date of Lagrided Investment   12/29/1993   3. Date Recognished   3. Date Recognished   Sa. Date of Lagrided Investment   12/29/1993   3. Date Recognished   3. Date Re	LANUIS & GYH ENERGY MANAGEMENT, INC.											
Section Scaluro Franchists   360   ASAGANORIE PARKWAY NORTH LAFATETE IN 47803   36. Date of Last Report 12/29/1983   36. D	Princ	cipal Place of	Business	Mailing Address				I shalled the thise this said said said said				
2. Frincepal Pince of Business	3601 SAGAMORE PARKWAY NORTH											
22. Penniper Proces of Business 22. Manage Publishers 23. Suita, Apt. #, etc.  24. Suita, Apt. #, etc.  25. Cly & State  City &								12/29/1993	03/30/19	95		
Spile Apt #, etc.   Spil		Principal Place	of Business	i1				The state of the s	Ī	lot Applicable		
City & State    City & State		Suite, Apt. #, (	etc.	Suite, Apt. #, etc.					Fee Required			
2P Country 2P Country 2P Country 2P South State Country 2P South Sta	(	City & State		F-1				Trust Fund Contribution	Added to Fees			
9. Name and Address of Current Registered Agent  10. Name and Address of New Registered Agent  11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named composition submits this statement for the purpose of changing its registered agent, or both, in the State of Florids Subtrictioning was sufficiented by the corporation submits this statement for the purpose of changing its registered agent, a complete chipations of Sections 607.0502, Florida Statutes, the above named composition submits this statement for the purpose of changing its registered agent, a complete chipations of Section 607.0503, Florida Statutes, the above named composition submits this statement for the purpose of changing its registered agent, a complete chipations of Section 607.0503, Florida Statutes, the above named composition submits this statement for the purpose of changing its registered agent, a complete chipations of Section 607.0503, Florida Statutes, the above named composition submits this statement for the purpose of changing its registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered agent, a complete department of sections. I hereby accept the appointment as registered		Zip		F-1 '	H1	untry		Florida Statutes		199.032,		
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324  83  64 City  FL  85 Zp Code  11. Furnament to the previsions of Sections 607,0502 and 607,1508, Florida Statutes, the aboven-mented corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Such change was authorized by the corporation's bread of directors. I hereby accept the appointment as negleticed agent, 1 a considered agent, or both, in the State of Florida Such change was authorized by the corporation's bread of directors. I hereby accept the appointment as negleticed agent, 1 a considered agent, 1 and 1	24							10. Name and Address of New Registered	Agent			
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 agent, or both, in the State of Florida. Such change was sufficienced by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such change was sufficienced by the corporation's board of directors. Thereby accept the appointment as registered agent, I a familiar with, and accept the obligations of Section 107,0505, fiorida Statutes.    SIGNATURE		·	At 1.41116 Attacks and a second			81	Name					
PLANTATION FL 33324    B4		C T CORPORATION SYSTEM				82	Street A	eet Address (P.O. Box Number is Not Acceptable)				
Set   City   FL   85   Zep Code						83						
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 or registered agent, or both, in the State of Florida Statch change was authorized by the corporation's board of directors. I hordry accept the appointment as registered agent. I a familiar with, and accept the obligations of Sections 07,0505, Florida Statutes.  SIGNATURE	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			84	City	F	85 Z	o Code		
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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 certify that I am an officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on an attachment with an appress.

SIGNATURE:

SIGNATURE AND TYPED OF FINITED NAME OF SIGNING OFFICER OR DIRECTOR

TREASURER

317-742-1001