PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90102 023 ***150.00

DOCUMENT # F95000004241

1. Corporation Name

IJ.S. ENERGY SYSTEMS, INC. (DELAWARE)

0.0. 211		,							
Principal Place	o of Rusiness	Mailing Address			! !!! !	EO THE FOURT BY IT TO IT	LENIN BERN 1911 F	Bahi dadah aperi s	
•		515 N. FLAGLER DRIV	E .			•			
515 N. FLAGLER DRIVE 515 N. FLAGLER DRIVE SUITE 702 SUITE 702			_						
WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401			L 33401			DO NOT W	RITE IN THIS	SPACE	
US		US			3. Date Incor 08/31/1	porated or Qualife 995	ed		
2, Principal P	lace of Business	2a. Mailing Address			4. FEI Numb	er		Apı	plied For
21		26			52-1216	347		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional
22		27.			5. Certificate	of Status Desired		= Fee Re	quired
City & State		City & State		6. Election C	ampaign Financin	g \square	\$5.00	May Be	
23		28			Trust Fund	Contribution	Ш	Added to	o Fees
Zip	Country	Zip	Co	untry	8, This corpo	ration owes the co	urrent year Inta	ngible	
24	25	29	30		Personal F	Property Tax.		Yes	□No
1	9. Name and Address of Current	Registered Agent			10. Name and	Address of Nev	v Registered /	Agent	
				81 Name					
NELS	SON, RICHARD H			82 Street	Address (P.O. Box Nu	mbor is Not Acce	ntable)		
515 NORTH FLAGLER DRIVE #702				02 Sireet	Address (F.O. Box No	illiper is 140t Acce	ptable)		
WES	T PALM BEACH FL 33401			83					
								T 1	
	n.			84 City			FL	85 Zip C	Code
11, Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida St	atutes, the	above-named	corporation submits th	nis statement for the	ne purpose of	changing its	registered
office or r	egistered agent, or both, in the State o	i Florida. Such change w	as authorize	ed by the corp	oration's board of dire	ctors. I hereby acc	ept the appoir	itment as reg	gisterea
-	milamina with, and accept the obligation	72 ia /a ch	1 11-1		RESIDENT	1	112 19	7C	ļ
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	NOTE: Register		required when reinstating)		DATE	- }	
12.	OFFICERS AND		13			CHANGES TO	FICERS AN	D DIRECTO	RS IN 12
TITLE	PD	☐ DELETI	1.1	TITLE	> 10-0-0-0			Change	Addition
NAME	NELSON, RICHARD H		1.2	NAME	LAWRENCE 927 FIFTH	SCHNEI)EK	•	•
STREET ADDRESS	515 NO FLAGLER DRIVE #702		1.3	STREET ADDRESS	927 FIFTH	AVENUE			
CITY-ST-ZIP	WEST PALM BEACH FL			CITY-ST-ZIP	NEW YORK	NY 100	21		
TITLE	CD	DELETI		TITLE	DIRECTOR			Change	Addition
	Rosen, Theodore		₽-	NAME	ASHER E.	FOGEL.			
NAME	T		ı	STREET ADDRESS	116 E. 301	STREET			
STREET ADDRESS	55 E. 87TH ST.				NEW YORK,	NV 10016)· <u>-</u>	· •	· ,
CITY-ST-ZIP	NEW YORK NY			CITY-ST-ZIP	TOLK YORF)			Change	Addition
TITLE	ST SEPTED SEVEROUS		· · ·						0
NAME	BEDER, SEYMOUR		ľ	NAME.					
STREET ADDRESS	515 N FLAGLER DRIVE #702			STREET ADDRESS					
CITY-ST-ZIP	WEST PALM BEACH FL			CITY-ST-ZIP				Change	☐ Addition
TITLE	D	☐ DELETI		TME				☐ Cilarige	Addition
NAME	ROTHMAN, ALLEN J			NAME					
STREET ADDRESS	1345 AVENUE OF THE AMERIC	A	4.3	STREET ADDRESS					
СЛҮ-ST-ZIP	NEW YORK NY			CITY-ST-ZIP					
TITLE	D	X DELET		TITLE		Y .		Change	Addition
NAME		<i>,</i> '							
STREET ADDRESS	GOODWIN, TODD	7.	5.2	NAME					
	GOODWIN, TODD 600 MADISON AVENUE	,		NAME STREET ADDRESS					
CITY-ST-ZIP	I The state of the		5.3						
CITY-ST-ZIP TITLE	600 MADISON AVENUE	DELETI	5.3 5.4	STREET ADDRESS				☐ Change	Addition
	600 MADISON AVENUE NEW YORK NY 15 D	☐ DELET	5.3 5.4 E 6.1	STREET ADDRESS CITY-ST-ZIP		<u> </u>	,	☐ Change	☐ Addition
TITLE NAME	600 MADISON AVENUE NEW YORK NY 15 D EVANS, EVAN	DELET	5.3 5.4 E 6.1 6.2	STREET ADDRESS CITY-ST-ZIP TITLE			,	☐ Change	Addition
TITLE	600 MADISON AVENUE NEW YORK NY 15 D EVANS, EVAN	☐ DELETI	5.3 5.4 E 6.1 6.2 6.3	STREET ADDRESS CITY-ST-ZIP TITLE NAME				☐ Change	☐ Addition

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: