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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

0515980

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90031 018 ***150.00

DOCUMENT # F97000001075

1. Corporation Name

ELLIOTT ENERGY SYSTEMS, INC.

Principal Place of Business

2901 SE MONROE ST
STUART FL 34997
US

Mailing Address

2901 SE MONROE ST
STUART FL 34997
US

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Zip

29

Country

25

Country

30

9. Name and Address of Current Registered Agent

MCCARTHY, TERENCE P
MCCARTHY, SUMMERS, BOBK, MCKEY, WOOD & SA
2081 E OCEAN BLVD 2ND FLR
STUART FL 34996

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCVS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FISCHER, KLAUS P		1.2 NAME	WILLIAM COX
STREET ADDRESS	ELLIOT COMP, 901 N 4TH ST		1.3 STREET ADDRESS	ELLIOTT COMP, 901 N. 4th ST
CITY-ST-ZIP	JEANNETTE PA 15644		1.4 CITY-ST-ZIP	JEANNETTE, PA 15644
TITLE	CFO	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREECE, RICHARD G		2.2 NAME	DCFO
STREET ADDRESS	2901 SE MONROE ST		2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997		2.4 CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURNHAM, DOUGLAS R		3.2 NAME	DP
STREET ADDRESS	2901 SE MONROE ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34997		3.4 CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENZIA, JOHN		4.2 NAME	
STREET ADDRESS	ELLIOT COMP, 901 N 4TH ST		4.3 STREET ADDRESS	
CITY-ST-ZIP	JEANNETTE PA 15644		4.4 CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMIY, PAUL		5.2 NAME	DAVID ASSARD
STREET ADDRESS	ELLIOT COMP, 901 N 4TH ST		5.3 STREET ADDRESS	ELLIOTT COMP, 901 N. 4th ST
CITY-ST-ZIP	JEANNETTE PA 15644		5.4 CITY-ST-ZIP	JEANNETTE, PA 15644
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RASSMANN, FRANK		6.2 NAME	
STREET ADDRESS	ELLIOTT COMP, 901 N. 4TH ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	JEANNETTE PA 15644		6.4 CITY-ST-ZIP	

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: *Richard G. Guccio 1-21-99*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)