

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

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

03-04-1999 90031 018 \*\*\*150.00

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**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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**02/05/1997**

4. FEI Number

**25-1798393**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing -  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE	DCVS	<input checked="" type="checkbox"/> DELETE
NAME	FISCHER, KLAUS P	
STREET ADDRESS	ELLIOT COMP, 901 N 4TH ST	
CITY-ST-ZIP	JEANNETTE PA 15644	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	GREECE, RICHARD G	
STREET ADDRESS	2901 SE MONROE ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BURNHAM, DOUGLAS R	
STREET ADDRESS	2901 SE MONROE ST	
CITY-ST-ZIP	STUART FL 34997	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRENZIA, JOHN	
STREET ADDRESS	ELLIOT COMP, 901 N 4TH ST	
CITY-ST-ZIP	JEANNETTE PA 15644	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMIY, PAUL	
STREET ADDRESS	ELLIOT COMP, 901 N 4TH ST	
CITY-ST-ZIP	JEANNETTE PA 15644	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASSMANN, FRANK	
STREET ADDRESS	ELLIOTT COMP, 901 N. 4TH ST	
CITY-ST-ZIP	JEANNETTE PA 15644	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAM COX	
1.3 STREET ADDRESS	ELLIOTT COMP, 901 N. 4th ST	
1.4 CITY-ST-ZIP	JEANNETTE, PA 15644	
2.1 TITLE	DCFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAVID ASSARD	
5.3 STREET ADDRESS	ELLIOTT COMP, 901 N. 4th ST	
5.4 CITY-ST-ZIP	JEANNETTE, PA 15644	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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. Greece* **Richard G. Greece** 1-21-99 561-219-9849  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)