


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G19788** (0)
1. Corporation Name
ENERGY EFFICIENCY SYSTEMS, INC.



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2415 Avondale St. Suite, Apt. #, etc.		2a. Mailing Address 26 2415 Avondale St. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 01/21/1983	
22 City & State 23 Naples, FL		27 City & State 28 Naples, FL		4. FEI Number 59-2435060	
24 Zip 34112		25 Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
26 Zip 34112		27 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
28 Zip 34112		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent MELONEY, R. DAVID 2200 50TH ST SW NAPLES FL 33999				10. Name and Address of New Registered Agent	
				81 Name MELONEY, R. DAVID	
				82 Street Address (P.O. Box Number is Not Acceptable) 2200 50th St. S.W.	
				83	
				84 City Naples	
				85 Zip Code FL 34116	

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	DP	1.1 TITLE	
NAME	MELONEY, R DAVID	1.2 NAME	
STREET ADDRESS	2200 50TH STREET, S.W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES, FL 00000	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	MOBLEY, ROBERT A.	2.2 NAME	
STREET ADDRESS	158 BIG SPRINGS DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	
NAME	MOBLEY, ROBERT A	3.2 NAME	
STREET ADDRESS	158 BIG SPRINGS DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	
NAME	BLUM, SIDNEY E	4.2 NAME	
STREET ADDRESS	237 BURNING TREE DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	
NAME	DANIELS, DEAN T	5.2 NAME	
STREET ADDRESS	3101 43RD ST SW	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0444016

CR2E034 (10/97)