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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G93827

(5)

AETNA ENERGY, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of Business Mailing Address								
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% ROBERT F. WATKINS % ROBERT F. WATKINS 3061 N.W. 23RD TERRACE 3061 N.W. 23RD TERRACE								
FT. LAUDERD		FT. LAUDERDALE FL 3			}			
					3. Date Incorporated or Qualified 03/29/1984			
2. Principal f	Place of Business	2a. Mailing Address			4. FEI Number	_ <u></u>	1	Applied For
1		26	····		59-2421086			Vot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	X	\$8.75 Additions		
2				, ,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing			
3	Ţ"	28			Trust Fund Contribution			May Be
Zip	Country	Zıp	Count	ry	8. This corporation has liability for	intangible		
4]	25	29	30] Yes [
,	9. Name and Address of Current	Registered Agent		41 11	10. Name and Address of New Re	gistered	Agent	
	ATKINS, ROBERT F.		8 [1 Name				
3061 N.W. 23RD TERRACE FT. LAUDERDALE FL 33311				2 Street Add	Address (P.O. Box Number is Not Acceptable)			
FI. LAUDENDAGE PL 33311			a	3				
							···	
			8	4 City		FL	85 Zij	o Code
12.	Signature, typed or printed name of registered again OFFICERS AND		13.	go	ulred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AND	DIRECTO	PRS IN 12
12. Tille	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC	JERS AND	Change	
NAME	WATKINS, ROBERT F.		1.2 NAM	1				_
STREET ADDRESS			1.3 STRE	ET ADDRESS				
CAY-ST-ZIP	FT. LAUDERDALE FL 33311		1.4 CiTY	-ST-ZIP			-	
IIILE	DST WATKINS, STEVEN J.	☐ DELETE	2.1 Titli	·			Change	Additio
NAME	OF SOME NEW COOR TERRACE		2.2 NAM	1				
STREET ADDRESS Dity-St-Zip	FT. LAUDERDALE FL 33311			ET ADDRESS - ST-ZIP				
11 <u>1</u> 11		DELETE	3.1 TIFLE				Change	Additio
IAME:			3.2 NAM	E			_	
STREET ADDRESS	:		3.3 STR	ET ADORESS				
DIY-ST-ZIP				-S1-ZIP				
THILE		DELETE	4.1 Title	ì			L Change	e
NAME Acorda Adobresa			4. 2 NAA	_				
STREET ADDRESS City-St-Zip			4.3 STRE 4.4 City	ET ADORESS				
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NAME.			5.2 NAM	Ε				
STREET ADDRESS	5		5.3 STRE	ET ADDRESS				
CHY-ST-7P			5.4 CITY					
TITLE		DELETE	6.1 T(TL)				Change	Additio
NAME Causes and designed as			6.2 NAM					
STHEEL ADORESS			1	ET ADDRESS				
CHY-SI-ZiP	1		6.4 CITY	-01-41				

I do 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 composition of 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 Biology 16 if changed or on an attachment with an address. RINTED NAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

04-29-97

954-731-2811

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