

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90003 042 ***550.00

DOCUMENT # **K49361** ✓
1. Corporation Name
ENERGY RESOURCES OF SOUTH FLORIDA, INC.



Principal Place of Business
**196 PARK PLACE
JUPITER FL 33458
US**

Mailing Address
**196 PARK PLACE
JUPITER FL 33458
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1988	
4. FEI Number 65-0092230	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent VREELAND, KEITH F 196 PARK PLACE JUPITER FL 33458	
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	

I, 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]* (NOTE: Registered Agent signature required when reinstating) DATE: **7/6/99**

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME P VREELAND, KEITH F	<input type="checkbox"/> DELETE	1.1 TITLE 196 PARK PLACE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME 196 PARK PLACE		1.2 STREET ADDRESS JUPITER FL 33458	
1.3 STREET ADDRESS JUPITER FL 33458		1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33412	
2. NAME S ROBINETTE, PATRICIA	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME 196 PARK PLACE		2.2 STREET ADDRESS	
2.3 STREET ADDRESS JUPITER FL 33458		2.4 CITY-ST-ZIP	
3. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		3.2 STREET ADDRESS	
3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
4. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 STREET ADDRESS	
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
5. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 STREET ADDRESS	
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
6. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 STREET ADDRESS	
6.3 STREET ADDRESS		6.4 CITY-ST-ZIP	

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]* DATE: **7/6/99** DAYTIME PHONE #: **541-333-9368**

CR2E034 (5/99)