

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

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90140 041 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # L31953

1. Corporation Name
ENERGY SCIENCES INC.

Principal Place of Business

~~255 ALHAMBRA CIRCLE~~
~~SUITE 412~~
 CORAL GABLES FL 33134

Mailing Address

~~255 ALHAMBRA CIRCLE~~
~~SUITE 412~~
 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/21/1989

4. FEI Number
 65-0157472

Applied For
 Not Applicable

2. Principal Place of Business

21 **6 PALERMO AVENUE**
 Suite, Apt. #, etc.

2a. Mailing Address

26 **6 PALERMO AVENUE**
 Suite, Apt. #, etc.

22 **SUITE 201**

27 **SUITE 201**

23 **CORAL GABLES, FL**
 City & State

28 **CORAL GABLES, FL**
 City & State

24 **33134** Zip Country
 25 **MIAMI-DADE**

29 **33134** Zip Country
 30 **MIAMI-DADE**

5. Certificate of Status Desired **\$6.75** 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

9. Name and Address of Current Registered Agent

ANDIROGLU, ESBER
~~255 ALHAMBRA CIRCLE~~
~~SUITE 412~~
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **ESBER ANDIROGLU**
 82 Street Address (P.O. Box Number is Not Acceptable)
6 PALERMO AVENUE
 83 **SUITE 201**
 84 City **CORAL GABLES** FL 85 Zip Code **33134**

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] **VICE PRESIDENT, ISABELLE ANDIROGLU** DATE **3-17-99**

12. OFFICERS AND DIRECTORS DELETE

TITLE **P**
 NAME **ANDIROGLU, ESBER**
 STREET ADDRESS **155 COCOPLUM ROAD**
 CITY-ST-ZIP **CORAL GABLES FL 33143**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE **VICE PRESIDENT**
 1.2 NAME **ISABELLE ANDIROGLU**
 1.3 STREET ADDRESS **6 PALERMO AVENUE, SUITE 201**
 1.4 CITY-ST-ZIP **CORAL GABLES, FL, 33134**

TITLE DELETE

2.1 TITLE Change Addition

TITLE DELETE

3.1 TITLE Change Addition

TITLE DELETE

4.1 TITLE Change Addition

TITLE DELETE

5.1 TITLE Change Addition

TITLE DELETE

6.1 TITLE Change Addition

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: [Signature] **PRESIDENT** DATE **3-17-99** DAYTIME PHONE # **305-448-8826**

CR2E034 (11/98)