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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

Feb 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT #

SIGNATURE: X SIGNA

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ENERG	Y ADMINISTRATION, INC.										
Principat Plac	ce of Business	М	ailing Address					E AUDDIUDIL DIE MUDER ANDER MINT FLORD FA	i sien dien	ALON AIGH BION	4(1)); (\$))
4642 TREE FERN DRIVE 4642 TREE FERN DRIV DELRAY BEACH FL 33445 DELRAY BEACH FL 33											
							3.	Date Incorporated or Qualified 05/11/1990		ate of Last Re /31/1996	aport
2. Principal I	Place of Business	2a.	Mailing Address				4.	FEI Number			plied For
21	M	26	Calo Ant H sto					59-3022161			t Applicable
Suite, Apt		27	Suite, Apt #, etc.				5.	Certificate of Status Desired		\$8.75 A Fee Re	quired
City & Sta	te	-	City & State				6.	Election Campaign Financing		\$5.00	
23] Zip	Country	28	Z _I p	Cor	ıntry	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+	Trust Fund Contribution This corporation has liability for		Added t	
24	25	29	- 4	30			В.	Florida Statutes		D No	189,032,
	g. Name and Address of Curre		stered Agent				10.	Name and Address of New R	egistered	Agent	
PERTSCHUK, LEO 4642 TREE FERN DRIVE DELRAY BEACH FL 33445				81	Name						
					82	Street Add	Address (P.O. Box Number is Not Acceptable)				
<u> </u>	ENT DENOTITE SOTIO				83						
					84	City			FL	85 Zip (Code
office or	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the oblig	e of Flori	da. Such change was	s authorize	d by	the corpora	poration's	on submits this statement for the board of directors. I hereby acce	purpose o pt the app	if changing its pointment as	s registered registered
SIGNATURE	Signature by entire printed name of registered as			ott: Registere	d Age	ent signature requ			DATE		
12.	OFFICERS AI	ND DIRE		13.				ADDITIONS/CHANGES TO OFFI	CERS AN		
TITLE	DEDITOONIN LEO		☐ DELETE	1.1 7						Change	Addition
NAME STREET ADDRESS	PERTSCHUK, LEO 4642 TREE FERN DRIVE			1.2 N		ADDRESS					
CITY-ST-ZIP	DELRAY BEACH FL			1		ST-ZIP					}
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CITY-ST-ZIP				2.40	OTY-S	ST-ZIP					
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NAME				3.2 N	AME						
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NAME					VAME	Į.					
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TITLE	}		DELETE	5.1 7						Change	Addition
NAME exercis apposes				5.2 N		r anopece					
STREET ADDRESS						T ADDRESS					
CITY-S1-7H			DELETE	5.4 C		ST-ZIP				Change	Addition
NAMÉ			had Detter	6.2 N		ļ				- vidigo	1
STREET ADDRESS						T ADDRESS					II.
	1										

6.4 CITY-ST-ZIP 14. Ido 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 frue 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.