

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M15202 (8)

1. Corporation Name

ENERGY SAVINGS SYSTEMS, INC.



Principal Place of Business

C/O JOEL L. KIRSCHBAUM
P.O. BOX 1800
FT. LAUDERDALE FL 33302

Mailing Address

C/O JOEL L. KIRSCHBAUM
P.O. BOX 1800
FT. LAUDERDALE FL 33302

3. Date Incorporated or Qualified

04/25/1985

3a. Date of Last Report

02/01/1995

2. Principal Place of Business

21 Joel L. Kirschbaum

Suite, Apt. #, etc.

22 888 E. Las Olas Blvd Ste. 400

City & State

23 Ft. Lauderdale, FL

Zip

24 33301

Country

2a. Mailing Address

26 Joel L. Kirschbaum

Suite, Apt. #, etc.

27 888 E. Las Olas Blvd Ste. 400

City & State

28 Ft. Lauderdale, FL

Zip

29 33301

Country

30

4. FEI Number

65-0003788

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

KIRSCHBAUM, JOEL L.
200 EAST BROWARD BLVD
FT. LAUDERDALE FL 33302

10. Name and Address of New Registered Agent

81 Kirschbaum, Joel L.

82 Street Address (P.O. Box Number is Not Acceptable)

888 E. Las Olas Blvd.

83 Suite 400

84 Ft. Lauderdale

FL

85 Zip Code
33301

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 is acceptable)

Date (If the registered agent is not required to sign, then not applicable)

Date

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME KIRSCHBAUM, JOEL L.
STREET ADDRESS 200 EAST BROWARD BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE P ☐ DELETE

NAME WAGNER, JOSEPH
STREET ADDRESS 200 EAST BROWARD BLVD.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VP ☒ Change ☐ Addition

1.2 NAME Kirschbaum, Joel

1.3 STREET ADDRESS 888 E. Las Olas Blvd Ste 400

1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

2.1 TITLE P ☒ Change ☐ Addition

2.2 NAME Wagner, Joseph

2.3 STREET ADDRESS 888 E. Las Olas Blvd Ste 400

2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33301

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Date (If None)

CR2E034 (12/95)