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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # M53762 (4)

1. Corporation Name
ESI GEOTHERMAL INC.



Principal Place of Business
11780 US HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408

Mailing Address
11780 US HIGHWAY ONE
SUITE 600
NORTH PALM BEACH FL 33408-3029

3. Date Incorporated or Qualified 06/12/1987
3a. Date of Last Report 04/16/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number
59-2819465

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 See Attached

9. Name and Address of Current Registered Agent

LEON, J E
9250 WEST FLAGLER ST
MIAMI FL 33174

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

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 and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DV
NAME CARPENTER, LARRY K
STREET ADDRESS 11780 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE DV
NAME GELBER, LESLIE J
STREET ADDRESS 11780 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE DP
NAME HOFFMAN, KENNETH P
STREET ADDRESS 11780 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE T
NAME MCGRATH, ROBERT L
STREET ADDRESS 11780 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE S
NAME CARPENTER, FRANCES M
STREET ADDRESS 11780 US HIGHWAY ONE SUITE 600
CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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 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

Frances M. Carpenter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Frances M. Carpenter

2/14/97

561-691-3500

Date

Daytime Phone #

CR2E034 (9/96)