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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000066509 (9)

ENERGY GENERATION SOLUTIONS, INC.

606 14TH AVENUE NE 606 14TH AVENUE NE ST PETERSBURG FL 33701-1317 ST PETERSBURG FL 33701 3. Date Incorporated or Qualified 3a. Date of Last Report 09/20/1993 02/23/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 59-3218706 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Country Zip Zipi 8. This corporation has liability for intangible tax under s. 199.032, Yes 30 Florida Statutes 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name COFFIN. ERIC H 606 14TH AVENUE NE Street Address (P.O. Box Number is Not Acceptable) ST PETERSBURG FL 33701 83 R4 City Zip Code 11. Pursuant to the previsions 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 per tea came of regestered agent and tibe if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. 13. DELETE 1.1 TITLE Change Addition COFFIN. ERIC H CR2E034 1.2 NAME NAME **606 14TH AVE NE** STREET ADDRESS 1.3 STREET ADDRESS **ST PETE FL 33701** 1.4 CITY - ST - ZIP C174 - ST - Z15 DELETE Change Addition 21 TITLE TITLE COFFIN, CRISTINA W 22 NAME NAME **606 14TH AVE NE** STREET ADDRESS 2.3 STREET ADDRESS ST PETE FL 33701 CITY-S1-7/P 2 4 C!TY-ST-ZIP DELETE Addition Channe TITLE 31 TITLE NAME 32 NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST- 7/P 4.4 CITY - ST - ZIP DELETE Addition THILE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP C-TY - ST - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 62 NAME

> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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

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

SIGNATURE:

STREET ADDRESS

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR PLACES

appears in Block 12 or Block 13 if changed, or on an attachment with an address

PAES. 1-9-97 (8/3) 822-0385

FILED

Jan 15 1997 8:00am

Secretary of State