May 08, 1999 8:00 am Secretary of State

05-08-1999 90014 047 ***158.75

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000086875**

ENERTECH, INC.

	.,,							
Principal Place	e of Business	Mailing Address				••••••••••		
3878 PROSPECT		3878 PROSPECT AVE						
SUITE #15 SUITE #15					DO NOT INDITE IN THIS COACE			
	IVIERA BEACH FL 33404 RIVIERA BEACH FL 33404				DO NOT WRITE IN THIS SPACE			
US US					3. Date Incorporated or Qualifed			
					12/21/1993			lind For
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number			olied For
17 3878 PROSPECT AVE 26 PO BOX 1026					65-0470542			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	,		5. Certifcate of Status Desired	×	\$8.75 A	
22 3 1 5 27 City & State City & State				6. Election Campaign Financing S5.00 May Be				
23 RIVIERA EL 28 RIVIERA					Trust Fund Contribution Added to Fees			
Zip Country Zip Con				8. This corporation owes the current year Intangible Personal Property Tax.				
24 534	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Re	gistered A	gent	
	9. Name and Address of Curren	t Registered Agent	81	Name				
BARNETTE, WILLIAM S								
284 RIVERSIDE DR.				Street Add	ress (P.O. Box Number is Not Acceptate	ole)		
PAL, BEACH GARDENS FL 33410			83					
rat,	BEACH CAMBERO 12 00110		"	1				
				City		FL	85 Zip C	Code
agent. I a	im familiar with, and accept the obligation	tions of, Section 607.0505, Fiolic	ia Statute	э.	on's board of directors. I hereby accept	DATE		
Signature, special printed in the Secretary State of Secretary State o			13.		ADDITIONS/CHANGES TO OFF	ICERS ANI	DIRECTO	RS IN 12
12.	P	☐ DELETE	1.1 TITLE				Change	☐ Addition
NAME	BARNETTE, WILLIAM S		1.2 NAME					
	ANA DIVERDIDE DE		13 STREE	ET ADDRESS				
STREET ADDRESS	PALM BEACH GARDENS FL		1.4 CITY-	I .				
CITY-ST-ZIP	PALM BEACH GARDENS IL	☐ DELETE	2.1 TITLE				Change	☐ Addition
TITLE			2.2 NAME				•	
NAME			•	ET ADDRESS				
STREET ADDRESS			2. 4 CITY					
CITY-ST-ZIP		☐ DELETE	3,1 TITLE		· · · · · · · · · · · · · · · · · · ·	·	Change	Addition
TITLE		<u> </u>	3.2 NAME					
NAME			1	ET ADDRESS				
STREET ADDRESS	6		3.4. CITY	- 1				
CITY-ST-ZIP		☐ DELETE	4.1 TITLE				Change	☐ Addition
TITLE		- Defects	4. 2 NAM					
NAME			4	ET ADDRESS				
STREET ADDRESS	B							
CITY-ST-ZIP		□ DELETE	4.4 CITY- 5.1 TITLE				Change	☐ Addition
TITLE		☐ DECE IE	5.1 HILLE 5.2 NAME	I .				
1 51410								

CITY-ST-ZIP 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 conforation of 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 or the attachment with an address, with all other like empowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition