

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90075 026 ***150.00

DOCUMENT # P94000040598

1. Corporation Name

ENERGY TECHNOLOGY SYSTEMS, INC.

Principal Place of Business

8817 ESTATE DRIVE
WEST PALM BEACH FL 33411
US

Mailing Address

8817 ESTATE DR
WEST PALM BEACH FL 33411
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1994

4. FEI Number

65-0498629

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 owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

HAHAMOVITCH, DONALD E
7770 W OAKLAND PARK BLVD.
SUITE 470
SUNRISE FL 33351-6746

10. Name and Address of New Registered Agent

81 Name DONALD E. HAHAMOVITCH

82 Street Address (P.O. Box Number is Not Acceptable)
7111 N.W. 46th Street

83

84 City Lauderhill FL 85 Zip Code 33319

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 D
NAME KLEE, JAMES G
STREET ADDRESS 5017 ROSEN BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ DELETE

TITLE D
NAME KLEE, JESSICA
STREET ADDRESS 5017 ROSEN BOULEVARD
CITY-ST-ZIP BOYNTON BEACH FL 33437 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Klee, James G.
1.3 STREET ADDRESS 8817 Estate Dr.
1.4 CITY-ST-ZIP West Palm Beach, FL. 33411

2.1 TITLE Vice President ☒ Change ☐ Addition
2.2 NAME Klee, Jessica
2.3 STREET ADDRESS 8817 Estate Dr.
2.4 CITY-ST-ZIP West Palm Beach, FL. 33411

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/2/99 561-791-1127
Date Daytime Phone #

CR2E034 (11/98)