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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF ST
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATION

DOCUMENT # **P95000008309 (3)**

1. Corporation Name
HALCO ENERGY CONSULTANTS INC.

[redacted]

Principal Place of Business	Mailing Address
7701 N.W. 6TH ST. PEMBROKE PINES FL 33024	7701 N.W. 6TH ST. PEMBROKE PINES FL 33024-6866

3. Date Incorporated or Qualified: 01/31/1995
3a. Date of Last: 07/02/1996

2. Principal Place of Business — 21
2a. Mailing Address — 26
4. FEI Number: 65-0554768

Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
5. Certificate of Status Desired ☐ $8.7 Fee

City & State — 23
City & State — 28
6. Election Campaign Financing Trust Fund Contribution ☐ $5.(Add

Zip — 24 | Country — 25
Zip — 29 | Country — 30
8. This corporation has liability for intangible tax unde Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

HALLERAN, PATRICK F
4521 PGA BOULEVARD
SUITE 211
PALM BEACH GARDENS FL 33418

correct name
wrong address

10. Name and Address of New Registered Agent

81 Name: Halleran, Patrick F.
82 Street Address (P.O. Box Number is Not Acceptable): 7701 NW 8th St
83 Pembroke Pines
84 City: FL 85

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 changi 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 appointmer agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIREC
TITLE	D ☐ DELETE	1.1 TITLE ☐ Ch
NAME	HALLERAN, PATRICK F	1.2 NAME
STREET ADDRESS	% 7701 N.W. 8TH STREET	1.3 STREET ADDRESS
CITY-ST-ZIP	PEMBROKE PINES FL 33024	1.4 CITY-ST-ZIP
TITLE	☐ DELETE	2.1 TITLE ☐ Ch
NAME		2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS
CITY-ST-ZIP		2.4 CITY-ST-ZIP
TITLE	☐ DELETE	3.1 TITLE ☐ C
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE	☐ DELETE	4.1 TITLE ☐ C
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE	☐ DELETE	5.1 TITLE ☐
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP 000021664 70
TITLE	☐ DELETE	6.1 TITLE -05/05/97--01003--039 ☐
NAME		6.2 NAME ***165.00
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

5/1/97

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

SIGNATURE: Patrick F Halleran