

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

FILED

Apr 29 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 # P96000036277 1. Corporation Name Energy Saving Auditors, Inc.			
Principal Place of Business		Mailing Address	
2. Principal Place of Business		2a. Mailing Address	
21	1500 NW 49th Street	26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State Ft. Lauderdale, FL		City & State	
23		28	
24	Zip 33309	29	Country
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Richard R. Pou		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable) 1500 NW 49th Street	
		83	
		84 City Ft. Lauderdale FL 85 Zip Code 33309	
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		DATE	
[Signature]			
(NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Rick Argovitz	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY-ST-ZIP		14 CITY-ST-ZIP	
TITLE	P/S/D	21 TITLE	
NAME	Richard R. Pou	22 NAME	
STREET ADDRESS	1500 NW 49th Street	23 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	24 CITY-ST-ZIP	
TITLE	VP/T/D	31 TITLE	
NAME	Harry Rumble	32 NAME	
STREET ADDRESS	1500 NW 59th Street	33 STREET ADDRESS	
CITY-ST-ZIP	Ft. Lauderdale, FL 33309	34 CITY-ST-ZIP	
TITLE		41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	
14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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. 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 or changed, or on an attachment with an address.		300002160663 -05/01/97--01002--011 ***165.00	
SIGNATURE: [Signature]		(954) 958-8095	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Richard R. Pou		Date: 4/19/97	