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Apr 09 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 # P96000058896 (7)

1. Corporation Name
SUSTAINABLE ENERGY SYSTEMS, INC.



Principal Place of Business
46 NO WASHINGTON BLVD. STE 1
SARASOTA FL 34236

Mailing Address
46 NO WASHINGTON BLVD. STE 1
SARASOTA FL 34236-5977

3. Date Incorporated or Qualified
07/11/1996

3a. Date of Last Report
N/A

2. Principal Place of Business
21 1256 5TH STREET

2a. Mailing Address

4. FEI Number
65-0683849

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22 City & State
23 SARASOTA FL

27 City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 Zip
34236

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROTEN, REX A
46 NO WASHINGTON BLVD. STE 1
SARASOTA FL 34236

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D XX DELETE
NAME ROTEN, REX A
STREET ADDRESS 46 NO WASHINGTON BLVD. STE 1
CITY-ST-ZIP SARASOTA FL 34236

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME D,P,C
2.3 STREET ADDRESS CONWAY, JACK T.
2.4 CITY-ST-ZIP 1256 5TH STREET
SARASOTA FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME D,S,T
3.3 STREET ADDRESS CONWAY, CYNTHIA L.
3.4 CITY-ST-ZIP 1256 5TH STREET
SARASOTA FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME D
4.3 STREET ADDRESS CONWAY, LuVERNE A.
4.4 CITY-ST-ZIP 1256 5TH STREET
SARASOTA FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME D
5.3 STREET ADDRESS SHAPIN, JAN
5.4 CITY-ST-ZIP 1256 5TH STREET
SARASOTA FL 34236

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME D
6.3 STREET ADDRESS CONWAY, THOMAS B.
6.4 CITY-ST-ZIP 1256 5TH STREET
SARASOTA FL 34236

4. 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 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.

SIGNATURE: *Cynthia L. Conway*
CYNTHIA L. CONWAY, Secretary/Treasurer

(941) 366-3140

Date

Daytime Phone #

0427043

CR2E034 (9/96)