


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

FILED
May 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000019892 (3) 1. Corporation Name ENERGY RECOVERY SYSTEMS OF NORTH FLORIDA, INC.		



Principal Place of Business 20005 S.E. HAWTHORNE ROAD HAWTHORNE FL 32640	Mailing Address 20005 S.E. HAWTHORNE ROAD HAWTHORNE FL 32640
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 20001 S.E. HAWTHORNE RD Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 1088 Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/25/1997	4. FEI Number 59-3432756 Applied For <input type="checkbox"/> Not Applicable
22 City & State 23 HAWTHORNE, FL Zip Country 24 32640 25	27 City & State 28 HAWTHORNE, FL Zip Country 29 32640-1088 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LED FORD, CHARLES 20005 S.E. HAWTHORNE ROAD HAWTHORNE FL 32640	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 20001 S.E. HAWTHORNE ROAD 83 84 City HAWTHORNE FL 85 Zip Code 32640
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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 <input type="checkbox"/> DELETE	NAME LED FORD, CHARLES	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME 20001 S.E. HAWTHORNE ROAD
STREET ADDRESS 20005 S.E. HAWTHORNE ROAD	CITY-ST-ZIP HAWTHORNE FL 32640	1.3 STREET ADDRESS HAWTHORNE, FL 32640	1.4 CITY-ST-ZIP HAWTHORNE, FL 32640
TITLE <input type="checkbox"/> DELETE	NAME	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME
STREET ADDRESS	CITY-ST-ZIP	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME
STREET ADDRESS	CITY-ST-ZIP	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME
STREET ADDRESS	CITY-ST-ZIP	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE	NAME	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	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.

SIGNATURE _____

CR2E034 (10/97)