

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED  
AND  
FILED

98 NOV -6 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

0026277

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. McArthur</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000047048 (8)**  
 1. Corporation Name  
**NORTHSTAR ENERGY SYSTEMS, INC.**

Principal Place of Business 334 S.W. 188TH AVE. PEMBROKE PINES FL 33029	Mailing Address 334 S.W. 188TH AVE. PEMBROKE PINES FL 33029
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1698 NW 79th ST.</b>	2a. Mailing Address 26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State 23 <b>Miami, FL</b>	27 City & State 28
24 Zip <b>33127</b>	25 Country <b>U.S.A.</b>
29 Zip	30 Country

3. Date Incorporated or Qualified <b>05/27/1997</b>	
4. FEI Number <b>1050764945</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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  
**CASTORO, FRANCIS X**  
**2100 HOLLYWOOD BLVD.**  
**HOLLYWOOD FL 33020**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstalling) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WRIGHT, WILMORE P II</b>	1.2 NAME	
STREET ADDRESS	<b>334 S.W. 188TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	<b>WRIGHT, SALLIE-ANNE</b>	2.2 NAME	
STREET ADDRESS	<b>334 S.W. 188TH AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 \*\*\*\*550.00  Change  Addition

**11-10-98**

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: **SIGNATURE REQUIRED** *Wright 9/16/98 305-693-8250*

CR2E034 (5/98)