

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

FILED

Feb 12 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 # P97000063815 (9)

1. Corporation Name

ALTERNATIVE ENERGY SOLUTIONS, INC.

Principal Place of Business

A/O LAW OFFICE OF SCOTT SCHROEDER
1818 S AUSTRALIAN AVE SUITE 400
WEST PALM BEACH FL 33409

Mailing Address

A/O LAW OFFICE OF SCOTT SCHROEDER
1818 S AUSTRALIAN AVE SUITE 400
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/23/1997

4. FEI Number

65-0769408

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 1412 Allendale RD

Suite, Apt. #, etc.

22

City & State

23 WPB FL

Zip

24 33405

Country

25 USA

2a. Mailing Address

26 P.O. Box 239

Suite, Apt. #, etc.

27

City & State

28 Jupiter FL

Zip

29 33468

Country

30 PO

9. Name and Address of Current Registered Agent

SCHROEDER, E S
1818 S AUSTRALIAN AVE STE 400
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent

81 Name

Jay Schwartz

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

P.O. Box 239

83

84 City

Jupiter

FL

85 Zip Code

33468

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]

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when resigning)

1-26-98

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SCHROEDER, E S
STREET ADDRESS 1818 S AUSTRALIAN AVE STE 400
CITY-ST-ZIP WEST PALM BEACH FL 33409

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

President Jay M Schwartz

☒ Change

☐ Addition

1.2 NAME

Jay M Schwartz

1.3 STREET ADDRESS

P.O. Box 239

1.4 CITY-ST-ZIP

Jupiter FL 33468

2.1 TITLE

ABC Schwartz

☐ Change

☒ Addition

2.2 NAME

9580 Dadebrook Dr

2.3 STREET ADDRESS

PB 6 FL 33410

2.4 CITY-ST-ZIP

3.1 TITLE

Secretary May Ellen Schgo

☐ Change

☒ Addition

3.2 NAME

1700 Embassy Dr

3.3 STREET ADDRESS

WPB FL 33409

3.4 CITY-ST-ZIP

4.1 TITLE

Treasurer Barbara Schwartz

☐ Change

☒ Addition

4.2 NAME

9580 Dadebrook Dr

4.3 STREET ADDRESS

PB 6 FL 33410

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

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: *[Signature]*

Jay Schwartz

1/26/98

CR2E034 (1097)