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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

	MENT # S0743	39 ((U)					
	ETTO ENERGY, INC.					1 /1 /2 2/3 /4 1 /6/14		
Principal Place	of Business	Mailing Address						
% CORPORATE TAX DEPT % CORPORATE TAX 3333 MICHELSON DR., 551M 3333 MICHELSON DR IRVINE CA 92730 IRVINE CA 92730			SON DR., 551M					
		MITTINE ON 82	.730		Date Incorporated or Qualified	3a. Date of		
2. Principal Pla	ace of Business	2a. Mailing Addr	ess		10/22/1990 4. FEI Number	U4/	21/19	Applied For
1		26			33-0439970			Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #	, etc.		5. Certificate of Status Desired		\$8.75	Additional Required
City & State	9	City & State			6. Election Campaign Financing		\$5.0	May Be
Zip	Country	Zip	C	Dountry	Trust Fund Contribution 8. This corporation has liability for in			199.032
4	25	29	30		Florida Statutes Yes			. 30.002,
	Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
				81 Name				
	ENTICE HALL CORPORATION S	YSTEM INC.		82 Street Addr	ress (P.O. Box Number is Not Acceptable	э)		
	AYES ST, STE 105			-				
	FLORIDA BANK BLDG.			83				
IALLAH	IASSEE FL 32301			84 City			85 Zip	Code
11 Pursuant to	a the provisions of Sections 607 0502	and 607 1509 Florida	a Ctatutan the e			<u> </u>		
	ed agent or both in the State of Floric	and contribute though				iose of chang	ing its r	egistered office
or registere	b and accept the obligations of O-1	da. Such change was	authorized by th	ne corporation's boar	rd of directors. I hereby accept the appoi	ntment as reg	gistered	agent. I am
TOTAL PART	th, and accept the obligations of, Secti	da. Such change was a ion 607.0505, Florida (authorized by th Statutes.	ne corporation's boar	ration submits this statement for the purp rd of directors. I hereby accept the appoi	intment as reg	gistered	agent. I am
SIGNATURE _	Signature, typod or printed name of registered agent	and title if applicable.	Sialules.	ne corporation's boar		ntment as rec	gistered	agent. I am
SIGNATURE _	Signature: typod or printed name of registered agent OFFICERS ANI	and little if applicable. D DIRECTORS	NOTE Registe	ered Agent signature required		DATE		
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cath; that I am an officer or director of the corporation or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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: T.H. MORROW, ASST. TREASURER

4/17/96

(714) 975-4461