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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Apr 29 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

SOUT	h Florida energy s	YSTEMS INC.			
Principal Place	of Business	Mailing Address	·····		
Principal Place of Business		_			
18778 WILES RD. CORAL SPRINGS FL 33076		10778 WILES RD. CORAL SPRINGS FL 33	076		
VOIDE OF A		Office of failing 12 00	O O	DO NOT WRITE IN TH	IIS SPACE
				3. Date Incorporated or Qualified	
				12/18/1990	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0231384	Not Applicable
Suite, Apt.	#, et c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	· · · · · · · · · · · · · · · · · · ·	City & State			Fee Required
City & State	<i>3</i> :	}1		6. Election Campaign Financing	\$5.00 May Be Added to Fees
Zip	Country	7ip	Country	Trust Fund Contribution	
24	25		30	 This corporation owes or has paid the Personal Property Tax due June 30. 	Yes No
[=7]	9. Name and Address of C		1001	10. Name and Address of New Register	
0	LMEZER, PAUL C		81 Name		
	966 NW 9TH MANOR		82 Street Add	fress (P.O. Box Number is Not Acceptable)	
	ORAL SPRINGS FL 33071		bz Sileer Add	riess (P.O. Box Number is Not Acceptable)	
•			83		
-	1		84 City		ar Zin Codo
			84 City	F	Zip Code
l office or re	e gister ed agent or both in the	7.0502 and 607.1508, Florida Statute State of Horida Such change was a obligations of, Section 607.0505, Flo	uthorized by the corpora	poration submits this statement for the purpos ation's board of directors. I hereby accept the	e of changing its registered appointment as registered
SIGNATURE	1				
	Signature, typed or printed indoor of registe		Registered Agent signature requ		
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD DAIN C	☐ DELETE	1.1 TITLE		Change Addition
NAME	OLMEZER, PAUL C.	n	1.2 NAME		
STREET ADDRESS	10968 NW 9TH MANOI CORAL SPRINGS FL	ι	1.3 STREET ADDRESS		
CITY-ST-ZIP	CONAL OFNINGS FL	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
1 1		L. Otter		Vice president	T Anguille My variabili
NAME	į		2.2 NAME	Kita Olmezar	
STREET ADDRESS			2.3 STREET ADDRESS	Vice Prosident Rite Olmezer 10968 HM. 9th Manor Compl Springs A 330	
CITY-ST-ZIP TITLE		DELETE	2. 4 C(TY - ST - ZIP 3.1 TITLE	COMESPANAS 1 330	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
			3.4. CHY-SI-ZIP		
CITY-ST-ZIP TITLE		DELETE	41 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		:
CITY+ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	1		5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
3	:				Į.

14. I hereby certify that the information supplies 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 supplies 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 supplies 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.