| | E NOW: FILING I | FEE AFTER MAY | 1 IS \$225.00 | | |
|---------------------------------|---|---|--|--|--|
| COF | PROFIT PPORATION UAL REPORT 1996 | Sa Se | DEPARTMENT OF STATE ridra B. Mortham occetary of State NO FEOREPORATIONS | | |
| DOCUMENT # S29642 (3) | | |) | | |
| | I ENERGY, INC. | • | | | |
| | | | | 1 16 11 16 16 16 16 16 16 16 16 16 16 16 | |
| Principal Place | e of Business | Mailing Address | | | ja lini aidil bibit bibit bibit bibit bibit bibit |
| 4441 STIRLE FT. LAUDER | ng road Idale FL 33314 | 4441 STIRLING RO FT. LAUDERDALE | | | |
| | | | , _ , , , | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 2 Principal D | lace of Business | | | 02/04/1991 | 08/15/1995 |
| 2. ennopai 2 21 | ace of Business | 2a. Mailing Address 26 | | 4. FEI Number 65-0254412 | Applied For Not Applicable |
| Suite, Apt | #, etc. | Suite, Apt. #, etc | ; | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | е | City & State | | Election Campaign Financing Trust Fund Contribution | □ \$5.00 May Be |
| Zip 24 | Country 25 | 7φ 29 | Country 30 | 8. This corporation has liability for | |
| | 9. Name and Address of C | | | Fiorida Statutes Ye. 10. Name and Address of New | |
| 11. Pursuant | to the provisions of Sections 607 red agent, or both, in the State of the and accept the obligations of | 7.0502 and 607.1508. Florida St if Florida. Such change was auth . Section 607.0505, Florida Stat | 84 City alutes, the above named corporation's boutes. | oration submits this statement for the pu ard of directors. I hereby accept the app | FL 85 Zip Code urpose of changing its registered office sointment as registered agent. Lanu |
| SIGNATURE | Signature hyped or printed name of registers | district and true tainments. | (NOT: Big Stered Apoly signal increases | The second Table | |
| 12. | OFFICER | S AND DIRECTORS | 13. | | EATE FICERS AND DIRECTORS IN 12 |
| TITLE | D DOG BAAN IOGBE W | ☐ DELETE | 1 1 TITLE | | Change Addition |
| NAME STREET ADDRESS | NACHMAN, IRVIN W. 4441 STIRLING RD. | | 1.2 NAME | | |
| CITY-SI-ZIP | FT LAUDERDALE FL | | 1.3 STREET ADDRESS 1.4 CITY - S1 - ZIP | | |
| TITLE | VP . | DELETE | 2 1 TITLE | | ☐ Change ☐ Addition |
| NAME | NACHMAN, HELEN A. | | 2.2 NAME | | |
| STREET ADDRESS CITY - ST - ZIP | 8 HOPEMONT DRIVE NEWPORT NEWS VA | | 2.3 STREET ADDRESS | | |
| TITLE | TENTON NETTO IA | DELETE | 2 4 CHY ST-7IF | | Change Cladden |
| NAME | | | 3 2 NAME | | Change Addition |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY-ST-7IP | | | 3.4 CITY - ST - ZIP | | |
| TITLE | | DELETE | 4 1 TifleE | | Change Addition |
| NAME | | | 4 2 NAME | | |
| STREET ADDRESS CITY - ST - ZIP | | | 4.3 STREET ADDRESS | | |
| TITLE | | DELETE | 4.4.0.TY - ST - ZiP 5.1.TiTLE | | Change Addition |
| NAME | | | 5.2 NAME | | Change Madrion |
| STREET ADDRESS | | | 5 3 STHEFT ADDRESS | | |
| CITY - ST - Z-P | | | 5.4 CHY+\$1+2IF | | |
| TITLE | | ☐ DELETE | 6 1 TITLE | | Change Addition |
| NAME | | | 6.2 NAMŁ | | _ |
| STREET ADDRESS | | | 6.3 STREET ADORESS | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this amous report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made undor 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. Relend. Theology Helen A. NAChman 4/24/96 804-827-1400 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE:

6.4 CITY - \$1 - ZIP

CITY-ST-2IP