

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S66539 (5)

1. Corporation Name

FLORIDA SOLAR ENERGY SERVICES, INC.



Principal Place of Business

**1776 E. SUNRISE BLVD.
P.O. BOX 7552
FT LAUDERDALE FL 33338**

Mailing Address

**1776 E. SUNRISE BLVD.
P.O. BOX 7552
FT LAUDERDALE FL 33338**

3. Date Incorporated or Qualified
07/11/1991

3a. Date of Last Report
04/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number

65-0296158

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

23

28

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NEUBERGER, HOWARD PA
3201 W. COMMERCIAL BLVD
SUITE 200
FT. LAUDERDALE FL 33309**

81

Name

Mediguen + Assoc., PA

82

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

6301 NW 5th Way, #3600

83

84

City

Ft. Lauderdale FL

85

Zip Code

33309

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

Mediguen + Assoc.

4/20/96

12. OFFICERS AND DIRECTORS

TITLE	PST	<input type="checkbox"/> DELETE
NAME	DAY, ALEXANDRIA	
STREET ADDRESS	705 NE 5TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAY, ALEXANDRIA	
STREET ADDRESS	705 NE 5TH AVE.	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

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 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:

Alexandria Day

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Alexandria Day

4/15/96

(954) 346-6999

CR2E034 (12/95)