

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

**FILED**

**May 16 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # S66539 (5)**

1. Corporation Name  
**FLORIDA SOLAR ENERGY SERVICES, INC.**



Principal Place of Business <b>1776 E. SUNRISE BLVD. P.O. BOX 7552 FT LAUDERDALE FL 33338</b>	Mailing Address <b>1776 E. SUNRISE BLVD. P.O. BOX 7552 FT LAUDERDALE FL 33338-7552</b>
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3. Date Incorporated or Qualified <b>07/11/1991</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>65-0502466</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>6301 NW 5th Way</b> Suite, Apt. #, etc. 22 <b>Ste # 3600</b> City & State 23 <b>Ft. Lauderdale FL</b>	2a. Mailing Address 26 <b>6301 NW 5th Way</b> Suite, Apt. #, etc. 27 <b>Suite # 3600</b> City & State 28 <b>Ft. Lauderdale FL</b> Zip 29 <b>33309</b> Country 30
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9. Name and Address of Current Registered Agent <b>MEDIGUREN &amp; ASSOC. P.A. 6301 NW 5th Way #3600 FT. LAUDERDALE FL 33309</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PST</b> <input type="checkbox"/> DELETE
NAME	<b>DAY, ALEXANDRIA</b>
STREET ADDRESS	<b>705 NE 5TH AVE.</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL 33060</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAY, ALEXANDRIA</b>
STREET ADDRESS	<b>705 NE 5TH AVE.</b>
CITY - ST - ZIP	<b>POMPANO BEACH FL 33060</b>
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	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**400002196014**  
**-05/30/97--01044--031**  
**\*\*\*165.00**

14. I do 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: *Alexandria Day* **4/23/97** (254) 846 6999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)