SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7. 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** V26125 (7) ENERGY INDUSTRIES OF FLORIDA, INC. Mailing Address Principal Place of Business 4410 N. STATE ROAD 7 PO BOX 9874 BLDG. J-111 FT LAUDERDALE FL 33310 FT LAUDERDALE FL 33319 US 3a. Date of Last Report 3. Date Incorporated or Qualified 03/31/1992 03/30/1995 4. FEI Number Mailing Address Applied For 2. Principal Place of Business 65-0326789 Not Applicable 21 26 \$8.75 Additional Suite. Apt #, etc Suite, Apt. #, etc. Certificate of Status Desired 1 1 Fee Required 22 City & State **\$5.00** May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Ζ̈́ιр Country Country This corporation has liability for intangible Yes 🗙 No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name APPEL, STEVEN D. 4410 N. STATE RD. #7 62 Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL 33319 83 84 City 85 Zip Code 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 Agest signature required when reinstlying) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/8) 12. OFFICE BEAND DIRECTORS 13. DE ETE Change Addition D TITLE 11 TUTLE APPEL, STEVEN D. CR2E034 L2 NAME 4410 N. STATE RD. #7 STREET ADDRESS 1.3 STREET ADDRESS FT LAUDERDALE FL 33319 1.4 CITY - ST - ZIP CITY-ST-7IP Change Addition DELETE 21 TIFLE TIFLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY S1-ZIP CITY-ST-ZIP DELETE Change Addition 31 THUE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1.11ftE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5 4 CITY - ST - ZIF CITY-ST-ZIP Change Adoition DELETE 611111 TOTLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 64 CHY - ST - ZIP CITY-ST-ZIP 14. I do hereby certify that the information supplied with this fiting is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 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 617, Florida Statutes, and e Block 13 if changed, or on an attachment with an address that my name appears

SIGNING OFFICER OR DIRECTOR

**SIGNATURE:**