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FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
 1997



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

DOCUMENT # V66952 (5)
 1. Corporation Name
ENERGY CONSERVATION TECHNOLOGIES, INC.



Principal Place of Business Mailing Address
8965 SE HOBE SOUND BRIDGE ROAD SUITE 203 HOBE SOUND FL 33455 US
P O BOX 1226 JENSEN BEACH FL 34958-1226 US

3. Date Incorporated or Qualified **09/24/1992** 3a. Date of Last Report **04/10/1996**
 4. FEI Number **65-0361092** Applied For Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
 21 **360 CYPRESS DRIVE** 26 **9550 S. OCEAN DRIVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **SUITE #6** 27 **409**
 City & State City & State
 23 **TEQUESTA, FLORIDA** 28 **JENSEN BEACH, FL**
 Zip Country Zip Country
 24 **33469** 25 **PALM BEACH** 29 **34957** 30 **U.S.A.**

9. Name and Address of Current Registered Agent
SIGLER, PAUL
9550 S OCEAN DRIVE
SUITE 409
JENSEN BEACH FL 34957-2347

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 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

Print or typed or prepared name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input type="checkbox"/> DELETE
NAME	SIGLER, PAUL D.
STREET ADDRESS	9550 S. OCEAN DR. #409
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	WALTER J. BARROW, JR.
STREET ADDRESS	27 BALFOUR ROAD
CITY-ST-ZIP	PALM BEACH GARDENS FL
TITLE	S <input type="checkbox"/> DELETE
NAME	PAUL D. SIGLER
STREET ADDRESS	9550 S. OCEAN DR. #409
CITY-ST-ZIP	JENSEN BEACH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GRACIE M. TABONE
STREET ADDRESS	487 N.W. WHITMORE DRIVE
CITY-ST-ZIP	PORT ST. LUCIE FL
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DELETE WALTER J. BARROW, JR
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	GRACIE M. TABONE
4.3 STREET ADDRESS	9550 S. OCEAN DRIVE, #409
4.4 CITY-ST-ZIP	JENSEN BEACH, FL 34957
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	

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: *Paul D. Sigler, President*
 SIGNATURE (PRINT OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

4/14/97 (561) 229-7443
 Date Daytime Phone #

CR2E034 (9/96)