

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

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Apr 14 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V66952 (5)

1. Corporation Name
ENERGY CONSERVATION TECHNOLOGIES, INC.

Principal Place of Business 380 CYPRESS DRIVE STE #6 TEQUESTA FL 33489 US	Mailing Address 9550 S OCEAN BLVD APT #409 JENSEN BEACH FL 34957 US
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2. Principal Place of Business 21 2042 S.E. GIFFEN AVE Suite, Apt. #, etc. 22 City & State 23 PORT ST. LUCIE FL Zip 24 34952-5824	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
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3. Date Incorporated or Qualified 09/24/1992	4. FEI Number 65-0361092	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent SIGLER, PAUL -6550 S OCEAN DRIVE -SUITE 409 JENSEN BEACH FL 34957 ADDRESS CHANGE ONLY	10. Name and Address of New Registered Agent 81 Name PAUL D. SIGLER 82 Street Address (P.O. Box Number is Not Acceptable) 2042 S.E. GIFFEN AVE 83 84 City PORT ST. LUCIE FL 85 Zip Code 34952-5824
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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 PAUL D. SIGLER
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP P SIGLER, PAUL D. -6550 S OCEAN DR. #409 JENSEN BEACH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP SAME 2042 S.E. GIFFEN AVE PORT ST. LUCIE, FL 34952-5824
TITLE NAME STREET ADDRESS CITY-ST-ZIP S PAUL D. SIGLER -6550 S OCEAN DR. #409 JENSEN BEACH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP SAME
TITLE NAME STREET ADDRESS CITY-ST-ZIP T GRACIE M. TABONE -6550 S OCEAN DRIVE, #409 JENSEN BEACH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP T GRACIE M. TABONE 2042 S.E. GIFFEN AVE PORT ST. LUCIE, FL 34952-5824
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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 Paul D. Sigler 4/8/98

CP2E034 (10/97)