

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

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

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

1. Corporation Name  
**ENERGY CONSERVATION TECHNOLOGIES, INC.**

Principal Place of Business <b>380 CYPRESS DRIVE STE #6 TEQUESTA FL 33489 US</b>	Mailing Address <b>9550 S OCEAN BLVD APT #409 JENSEN BEACH FL 34957 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 <b>2042 S.E. GIFFEN AVE</b>	26 <b>SAME</b>			09/24/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0361092	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23 <b>PORT ST. LUCIE FL</b>		28 <b>PORT ST. LUCIE FL</b>		<b>\$8.75 Additional Fee Required</b>	
Zip		Zip		Country	
24 <b>34952-5824</b>		25 <b>ST. LUCIE</b>		29	
Country		Country		30	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
				<b>\$5.00 May Be Added to Fees</b>	
				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				10. Name and Address of New Registered Agent			
SIGLER, PAUL <del>6550 S OCEAN DRIVE</del> <del>SUITE 409</del> JENSEN BEACH FL 34957 <i>ADDRESS CHANGE ONLY</i>				81 Name <b>PAUL D. SIGLER</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2042 S.E. GIFFEN AVE</b> 83 84 City <b>PORT ST. LUCIE</b> FL 85 Zip Code <b>34952-5824</b>			

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** *Paul D. Sigler* DATE

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