

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

FILED
Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P06995 (5)
 1. Corporation Name
ECONOLITE CONTROL PRODUCTS, INC.



Principal Place of Business 3360 E. LA PALMA AVE. ANAHEIM CA 92806	Mailing Address P.O. BOX 6150 ANAHEIM CA 92816-0150 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 08/06/1985	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 95-3196532	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLEVELAND, LESLIE	1.2 NAME	
STREET ADDRESS	3360 E. LA PALMA AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ANAHEIM CA	1.4 CITY-ST-ZIP	
TITLE	SDT <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, M.C.	2.2 NAME	DP Doyle, mc
STREET ADDRESS	3360 E. LA PALMA AVE.	2.3 STREET ADDRESS	3360 E La Palma Ave
CITY-ST-ZIP	ANAHEIM CA	2.4 CITY-ST-ZIP	Anaheim, CA 92806
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, DON	3.2 NAME	T Palmer, Don
STREET ADDRESS	3360 E LA PALMA AVE	3.3 STREET ADDRESS	3360 E La Palma Ave
CITY-ST-ZIP	ANAHEIM CA	3.4 CITY-ST-ZIP	Anaheim, CA 92806
TITLE	COOD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	METCLAF, L A	4.2 NAME	D VP Metcalf, LA
STREET ADDRESS	2600 MISSION STREET	4.3 STREET ADDRESS	3360 E La Palma Ave
CITY-ST-ZIP	SAN MARINO CA	4.4 CITY-ST-ZIP	Anaheim, CA 92806
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOYLE, LINDA	5.2 NAME	SD Doyle, Linda
STREET ADDRESS	904 E CAMINO REAL	5.3 STREET ADDRESS	1659 Perkins Dr
CITY-ST-ZIP	ARCADIA CA	5.4 CITY-ST-ZIP	Arcadia, CA 91006
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRIEDMAN, M.A.	6.2 NAME	
STREET ADDRESS	1341 PALOS VERDES DRIVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALOS VERDES ESTATES,	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: *Ms. Sandra B. Mortham, Secretary of State* **04/23/97** **7146309700**

CR2E034 (9/96)