

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000001868**
1. Corporation Name
ASSOCIATION OF ENERGY SERVICES PROFESSIONALS, INCORPORATED

Principal Place of Business: **SUITE 2315 7040 W. PALMETTO PARK RD. BOCA RATON, FL 33433**
Mailing Address: **SUITE 2315 7040 W. PALMETTO PARK RD. BOCA RATON, FL 33433**

3. Date Incorporated or Qualified
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 33-0369768		Applied For <input type="checkbox"/> Not Applicable	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22	City & State	27	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23	Zip	28	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24	Country	29	Country				

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BOARDMAN, ELLIOT B 5549 COASTAL DRIVE BOCA RATON, FL 33487				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAN VIOLETTE	1.2 NAME	
STREET ADDRESS	2355 HILLSDALE WAY	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOULDER, CO 80303	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERGUSON, BILL	2.2 NAME	
STREET ADDRESS	116 HALLOWEEN RUN	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEWARK, DE 19702	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	QUIGLEY, DAN	3.2 NAME	
STREET ADDRESS	PACIFIC GAS & ELECTRIC CO. 77 BEALE ST, MAILDEP B2AL	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO, CA 94105	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, MARIAN	4.2 NAME	
STREET ADDRESS	SOUTHERN CALIFORNIA EDISON CO. 300 NORTH LONE HILL AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAN DIMAS, CA 91773	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOARDMAN, ELLIOT B	5.2 NAME	
STREET ADDRESS	5549 COASTAL DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33487	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	

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5-21-96
[Signature]

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Elliot B. Boardman** Date: **407-361-0023**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)