

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # F94000001862 (1)
1. Corporation Name

ASSOCIATION OF ENERGY SERVICES PROFESSIONALS, INC
CORPORATED

Principal Place of Business

Mailing Address

SUITE #2315
7040 W. PALMETTO PARK ROAD
BOCA RATON FL 33433

SUITE #2315
7040 W. PALMETTO PARK ROAD
BOCA RATON FL 33433

3. Date Incorporated or Qualified

04/12/1994

4. FEI Number

33-0369768

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21 SUITE 261

28 SUITE 261

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 7491 N. FEDERAL HWY, #CS

27 7491 N. FEDERAL HWY, #CS

City & State

City & State

23 BOCA RATON, FL 334

28 BOCA RATON, FL

Zip

Country

Zip

Country

24 33487

25 PALM BCH.

29 33487

30 PALM BCH.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOARDMAN, ELLIOT B
5649 COASTAL DRIVE
BOCA RATON FL 33487

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME PD FERGUSON, BILL
STREET ADDRESS 116 HALLOWEEN RUN
CITY-ST-ZIP NEWARK DE

Change Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
000002569750--9
-06/23/98--01077--003
*****61.25 *****61.25

TITLE DELETE
NAME VP BRANDON, JERRY
STREET ADDRESS 911 MAIN ST, SUITE 3000
CITY-ST-ZIP KANSAS CITY MO

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DELETE
NAME S MILLER, WILLIAM
STREET ADDRESS 123 MISSION ST MAK CODE H28F
CITY-ST-ZIP SAN FRANCISCO CA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME T BROWN, MARIAN
STREET ADDRESS 300 N LONE HILL AVE.
CITY-ST-ZIP SAN DIMAS CA 31773

4.1 TITLE Change Addition
4.2 NAME T DON BURBANK
4.3 STREET ADDRESS 24 PRIME PKWY.
4.4 CITY-ST-ZIP NATICK, MA 01760

TITLE DELETE
NAME D BOARDMAN, ELLIOT B
STREET ADDRESS 5649 COASTAL DRIVE
CITY-ST-ZIP BOCA RATON FL 33487

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
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 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 Boardman

E. B. BOARDMAN

5.31.98

561.982.9903

FILED

98 JUN 18 AM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (10/97)

TS 6/19