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Jul 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000001862 (1)
1. Corporation Name
**ASSOCIATION OF ENERGY SERVICES PROFESSIONALS, INC
CORPORATED**



Principal Place of Business SUITE #2315 7040 W. PALMETTO PARK ROAD BOCA RATON FL 33433	Mailing Address SUITE #2315 7040 W. PALMETTO PARK ROAD BOCA RATON FL 33433-3407
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3. Date Incorporated or Qualified 04/12/1994	3a. Date of Last Report 05/21/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 33-0369768	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**BOARDMAN, ELLIOT B
5549 COASTAL DRIVE
BOCA RATON FL 33487**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	VIOLETTE, DAN
STREET ADDRESS	2355 HILLSDALE WAY
CITY-ST-ZIP	BOULDER CO 80303
TITLE	V <input checked="" type="checkbox"/> DELETE
NAME	FERGUSON, BILL
STREET ADDRESS	116 HALLOWEEN RUN
CITY-ST-ZIP	NEWARK DE 19702
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	QUIGLEY, DAN
STREET ADDRESS	77 BEALE ST. MAILDROP B29C
CITY-ST-ZIP	SAN FRANCISCO CA 34105
TITLE	T <input type="checkbox"/> DELETE
NAME	BROWN, MARIAN
STREET ADDRESS	300 N LONE HILL AVE.
CITY-ST-ZIP	SAN DIMAS CA 31773
TITLE	D <input type="checkbox"/> DELETE
NAME	BOARDMAN, ELLIOT B
STREET ADDRESS	5549 COASTAL DRIVE
CITY-ST-ZIP	BOCA RATON FL 33487
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FERGUSON, BILL
1.3 STREET ADDRESS	116 HALLOWEEN RUN
1.4 CITY-ST-ZIP	NEWARK, DE 19702
2.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	BRANDON, JERRY
2.3 STREET ADDRESS	911 MAIN ST., SUITE 3000
2.4 CITY-ST-ZIP	KANSAS CITY, MO 64105
3.1 TITLE	Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MILLER, WILLIAM
3.3 STREET ADDRESS	123 MISSION ST., MAIL CODE H2BF
3.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94177
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: *Elliot Boardman* **Elliot Boardman** 4/2/97 (561) 361-0025