

**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	PP	<input type="checkbox"/> DELETE
NAME	FERGUSON, BILL	
STREET ADDRESS	116 HALLOWEEN RUN	
CITY-ST-ZIP	NEWARK DE	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRANDOM, JERRY	
STREET ADDRESS	911 MAIN ST, SUITE 3000	
CITY-ST-ZIP	KANSAS CITY MO	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, WILLIAM	
STREET ADDRESS	123 MISSION ST MAK CODE H28F	
CITY-ST-ZIP	SAN FRANCISCO CA	
TITLE	T	<input checked="" 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	5649 COASTAL DRIVE	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	T
4.3 STREET ADDRESS	DON BURBANK
4.4 CITY-ST-ZIP	24 PRIME PKWY, NATICK, MA 01760
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	

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TS 6/19

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)