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Mar 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004568 (0)

1. Corporation Name

ENERGY BROKER NETWORK, INC.

Principal Place of Business

Mailing Address

405 REO STREET
SUITE 100
TAMPA FL 33609405 REO STREET
SUITE 100
TAMPA FL 33609-1094

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

04/11/1996

4. FEI Number

59-3343416

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes ☒ NoWILEY, J K
405 REO STREET
SUITE 100
TAMPA FL 33609

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPT ☒ DELETE
NAME SOUTHWICK, HENRY I
STREET ADDRESS 3201 34TH ST. SOUTH
CITY-ST-ZIP ST PETERSBURG FL 33711TITLE DT ☒ DELETE
NAME MIDULLA, RICHARD J
STREET ADDRESS 16313 N DALE MABRY HIGHWAY
CITY-ST-ZIP TAMPA FL 33618TITLE T ☒ DELETE
NAME WILLIAMS, ROBERT C
STREET ADDRESS 7201 LAKE ELLENOR DR.
CITY-ST-ZIP ORLANDO FL 32809TITLE ST ☒ DELETE
NAME OLIVERA, ARMANDO J
STREET ADDRESS 9250 WEST FLAGLER
CITY-ST-ZIP MIAMI FL 33174TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE CPT ☐ Change ☒ Addition
1.2 NAME Reedy, Bob
1.3 STREET ADDRESS 501 East Lemon Street
1.4 CITY-ST-ZIP Lakeland FL 33801-50502.1 TITLE DT ☐ Change ☒ Addition
2.2 NAME Stepenovitch, Joe
2.3 STREET ADDRESS 9250 West Flagler Street
2.4 CITY-ST-ZIP Miami FL 331743.1 TITLE ST ☐ Change ☒ Addition
3.2 NAME Goza, Stuart
3.3 STREET ADDRESS 702 North Franklin Street
3.4 CITY-ST-ZIP Tampa FL 336024.1 TITLE T ☐ Change ☒ Addition
4.2 NAME Dubose, Darrell
4.3 STREET ADDRESS 301 SE Fourth Avenue
4.4 CITY-ST-ZIP Gainesville FL 326015.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/97

(813) 289-5644

CR2E037 (9/96)