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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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 33609**

**405 REO STREET
SUITE 100
TAMPA FL 33609**

3. Date Incorporated or Qualified

09/25/1995

4. FEI Number

59-3343416

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILEY, 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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **CPT** ☒ DELETE
NAME **REEDY, BOB**
STREET ADDRESS **501 EAST LEMON STREETT**
CITY-ST-ZIP **LAKELAND FL**

1.1 TITLE **ST** ☐ Change ☒ Addition
1.2 NAME **ROBERTS, DELBERT**
1.3 STREET ADDRESS **12500 FAIR LAKES CIRCLE, SUITE 350**
1.4 CITY-ST-ZIP **FAIRFAX VA**

TITLE **DT** ☐ DELETE
NAME **STEPENOVICH, JOE**
STREET ADDRESS **9250 W FLAGLER ST**
CITY-ST-ZIP **MIAMI FL**

2.1 TITLE **CPT** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **ST** ☒ DELETE
NAME **GOZA, STUART**
STREET ADDRESS **702 N FRANKLIN ST**
CITY-ST-ZIP **TAMPA FL**

3.1 TITLE **T** ☐ Change ☒ Addition
3.2 NAME **TITTLE, LARRY**
3.3 STREET ADDRESS **3201 34th STREET SOUTH**
3.4 CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **T** ☐ DELETE
NAME **DUBOSE, DARRELL**
STREET ADDRESS **301 SE 4TH AVE**
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE **DT** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

[Signature]

3/26/98

(813) 289-5144

CP2E037 (10/97)