SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 25 AM 8:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P12716 (7)

1. Corporation Name
ASPEN ENERGY, INC.

Principal Place of Business	Mailing Address
2701 CLEVELAND SUITE 10 FORT MYERS FL 33901 US	2701 CLEVELAND AVE STE 10 FORT MYERS FL 33901 US

3. Date Incorporated or Qualified: 12/24/1986
3a. Date of Last Report: 07/26/1994
4. FEI Number: 74-2112321 — Applied For / Not Applicable
5. Certificate of Status Desired [X] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes [X] Yes [ ] No

2. Principal Place of Business	2a. Mailing Address
21 15861 DORTH CIR.	26 15861 DORTH CIR.
Suite, Apt #, etc. 22	Suite, Apt #, etc. 27
City & State 23 FT. MYERS FLA	City & State 28 FT. MYERS FLA
Zip 24 33908 — Country 25 USA	Zip 29 33908 — Country 30 USA

9. Name and Address of Current Registered Agent

DUEEASE, WILLIAM E.
2701 CLEVELAND AVE
STE 10
FT. MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name: DUEEASE
82 Street Address (P.O. Box Number is Not Acceptable): 15861 DORTH CIR
83
84 City: FT. MYERS FL 85 Zip Code: 33908

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] — June 19 1995
Signature, typed or printed name of registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PTD	11 TITLE	PRES	[X] Change [ ] Addition
NAME	DUEEASE, WILLIAM E.	12 NAME	DUEEASE, William E.	
STREET ADDRESS	2701 CLEVELAND AVE., STE 10	13 STREET ADDRESS	15861 DORTH CIRCLE	
CITY-ST-ZIP	FT. MYERS FL	14 CITY-ST-ZIP	FT. MYERS FLA. 33908	
TITLE	VS	21 TITLE	V.P	[X] Change [ ] Addition
NAME	DUEEASE, CHRISTINE E.	22 NAME	DUEEASE, CHRISTINE E.	
STREET ADDRESS	2701 CLEVELAND AVE., STE 10	23 STREET ADDRESS	15861 DORTH CIR	
CITY-ST-ZIP	FT. MYERS FL	24 CITY-ST-ZIP	FT. MYERS FLA 33908	
TITLE		31 TITLE		[ ] Change [ ] Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		[ ] Change [ ] Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		[ ] Change [ ] Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		[ ] Change [ ] Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] — June 19-95 — 813-482-5179
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

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