FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAY -1 PM 12:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # P94000066395

1. Corporation Name

Associated Energy Management Purchasing Cooperative, Inc.

Principal Place of Business	Mailing Address
125 S. CONGRESS AVENUE DELRAY BEACH FL 33445	125 S. CONGRESS AVENUE DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 4731 West Atlantic Ave
Suite, Apt. #, etc.
22 #22
City & State
23 Delray Beach FL
Zip 24 33445 County 25 Palm Beach

2a. Mailing Address
26 P.O. Box 7959
Suite, Apt. #, etc.
27
City & State
28 Delray Beach FL
Zip 29 33482-7959 Country 30 Palm Beach

3. Date Incorporated or Qualified: 9-6-94
3a. Date of Last Report:

4. FEI Number: 65-0529083 ☐ 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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Stephen Campos
82 Street Address (P.O. Box Number is Not Acceptable): 4731 West Atlantic Avenue
83 #22
84 City: Delray Beach FL 85 Zip Code: 33445

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: X Stephen Campos 4-28-95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP		1.1 TITLE	CEO ☐ Change ☒ Addition
		1.2 NAME	STANLEY GIANNOU
		1.3 STREET ADDRESS	4731 WEST ATLANTIC AVENUE #22
		1.4 CITY-ST-ZIP	DELRAY BEACH FL 33445
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE	☐ Change ☐ Addition
		2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE	☐ Change ☐ Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE	☐ Change ☐ Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE	☐ Change ☐ Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

EXH 5/6/95

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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: 4-28-95 407-498-3442
SIGNATURE AND TYPED OR PRINTED NAME OF IDENTIFIED OFFICER OR DIRECTOR — Date — Daytime Phone #
STANLEY GIANNOU CEO