

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. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUL 24 AM 8:26

DOCUMENT # V48891 (8)

1. Corporation Name

ADVANCED ENERGY MANAGEMENT CORPORATION

Principal Place of Business

657 SOUTH DR.
MIAMI SPRINGS FL 33168
US

Mailing Address

657 SOUTH DR.
MIAMI SPRINGS FL 33168
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/07/1992

3a. Date of Last Report

06/07/1994

4. FEI Number

65-0349388

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Certificate Filing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.034,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

NETTER, CHARLES H.
9655 S. DIXIE HWY
STE. #311
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

MARTIN DOYLE

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

210 BLACKWELL & WALKER

83

1 SE 3 AVE # 2500

84 City

MIAMI

FL

85 Zip Code

33131

11. Pursuant to the provisions of Sections 607.0502 and 607.0508, 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

Morris F. Burnham

(NOTE: Registered Agent signature required when reappointing)

DATE

2/17/95

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BAKES, PHIL
STREET ADDRESS	657 SOUTH DRIVE
CITY, ST, ZIP	MIAMI SPRINGS FL
TITLE	VST
NAME	BURNHAM, MORRIS F
STREET ADDRESS	657 SOUTH DRIVE
CITY, ST, ZIP	MIAMI SPRINGS FL
TITLE	VD
NAME	DAVIDSON, JOHN
STREET ADDRESS	657 SOUTH DRIVE
CITY, ST, ZIP	MIAMI SPRINGS FL
TITLE	VD
NAME	BRADLEY, DAN
STREET ADDRESS	657 SOUTH DRIVE
CITY, ST, ZIP	MIAMI SPRINGS FL
TITLE	D
NAME	COBB, SUE
STREET ADDRESS	2333 PONCE DE LEON BLVD., PH IV
CITY, ST, ZIP	CORAL GABLES FL
TITLE	D
NAME	BRADLEY, PHIL
STREET ADDRESS	700 S. ROYAL POINCIANA BLVD #800
CITY, ST, ZIP	MIAMI SPRINGS FL

13. ADDITIONAL INFORMATION TO BE PROVIDED TO THE STATE (If any)

11 TITLE	D	☒ Change ☐ Addition
12 NAME		
13 STREET ADDRESS		
14 CITY, ST, ZIP		☐ Change ☐ Addition
21 TITLE		
22 NAME		
23 STREET ADDRESS		
24 CITY, ST, ZIP		☐ Change ☐ Addition
31 TITLE	P/D	☒ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		☐ Change ☐ Addition
41 TITLE		
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		☐ Change ☐ Addition
51 TITLE	THIS PERSON IS NO	☒ Change ☐ Addition
52 NAME	LONGER A DIRECTOR OR	
53 STREET ADDRESS	OFFICER	
54 CITY, ST, ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
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 110.07(3)(b), 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: *Morris F. Burnham* MORRIS F. BURNHAM, V.P. 7/7/95 305-883-8898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number