

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **V48891** (8)
1. Corporation Name
ADVANCED ENERGY MANAGEMENT CORPORATION



Principal Place of Business Mailing Address
9960 NW 116 WAY
#4
MEDLEY FL 33178
US

3. Date Incorporated or Qualified **07/07/1992** 3a. Date of Last Report **06/18/1996**
4. FEI Number **65-0349388** 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

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 25 29 30

9. Name and Address of Current Registered Agent
DOYLE, MARTIN
CO BLACKWELL & WALKER
1 SE 3RD AVE STE 2500
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name **MARTIN DOYLE**
82 Street Address (P.O. Box Number is Not Acceptable) **9344 NW 136th St #200**
83
84 City **MIAMI** FL 85 Zip Code **33172**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BAKES, PHIL			1.2 NAME			
STREET ADDRESS	9960 NW 116 WAY SUITE 4			1.3 STREET ADDRESS			
CITY - ST - ZIP	MEDLEY FL			1.4 CITY - ST - ZIP			
TITLE	VST	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BURNHAM, MORRIS F			2.2 NAME			
STREET ADDRESS	9960 NW 116 WAY SUITE #4			2.3 STREET ADDRESS			
CITY - ST - ZIP	MEDLEY FL			2.4 CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DAVIDSON, JOHN			3.2 NAME			
STREET ADDRESS	9960 NW 116 WAY SUITE #4			3.3 STREET ADDRESS			
CITY - ST - ZIP	MEDLEY FL			3.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRADLEY, DAN			4.2 NAME			
STREET ADDRESS	9960 NW 116 WAY SUITE #4			4.3 STREET ADDRESS			
CITY - ST - ZIP	MEDLEY FL			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BRADLEY, PHIL			5.2 NAME			
STREET ADDRESS	700 S. ROYAL POINCIANA BLVD #800			5.3 STREET ADDRESS			
CITY - ST - ZIP	MIAMI SPRINGS FL			5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				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 19.07(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: **JOHN DAVIDSON, PRESIDENT** 4/16/97 305-883-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)