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

Block 12 or Block 13 if changed, or on an attachment with an address

Jul 30 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 DOCUMENT #
1. Corporation Name V48891 (8) ADVANCED ENERGY MANAGEMENT CORPORATION Principal Place of Business Mailing Address 9960 NW 116 WAY 9960 NW 116 WAY DO NOT WRITE IN THIS SPACE MEDLEY FL 33178 MEDLEY FL 33178 3. Date Incorporated or Qualified 07/07/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 21 26 65-0349388 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zib Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 DOYLE, MARTIN 9344 NW 13TH ST Street Address (P.O. Box Number is Not Acceptable) 82 200 ВЗ **MIAMI FL 33172** City 84 Zip Code 11. Pursuant to the provisions of Soctions 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, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent eignature required when reinstating) R2E034 (10/97 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change \_\_ DELETE 1.1 TITLE Addition TITLE NAME **BAKES. PHIL** 1.2 NAME 9960 NW 116 WAY SUITE 4 STREET ADORESS 1.3 STREET ADDRESS MEDLEY FL CITY+S1-ZIP 1.4 CiTY-ST-ZiP DELETE Change Addition TITLE 2.1 JULE DAVIDSON, JOHN NAME 2.2 NAME 9960 NW 116 WAY SUITE #4 STREET ADDRESS 2.3 STREET ADDRESS **MEDLEY FL** CITY - ST - ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE NAME **BR**ADLEY, DAN 3.2 NAME 9960 NW 116 WAY SUITE #4 STREET ADDRESS 3.3 STREET ADDRESS **ME**DLEY FL CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE Change Addition 4.1 TITLE TITLE **BRADLEY, PHIL** 4 2 NAME NAME 700 S. ROYAL POINCIANA BLVD #800 STREET ADDRESS 4.3 STREET ADDRESS MIAMI SPRINGS FL CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition TITLE 61 THLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY-SI-ZIF 14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Rection 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 proof as popular by Chapter 607, Florida Statutes; and that my name appears in

**FILED**