

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
 Aug 13 1997 8:00am
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F92000000699 (0)
 1. Corporation Name
TURBINE TECHNOLOGY SERVICES CORPORATION



Principal Place of Business 964A ROUTE 146 CLIFTON PARK NY 12065 US	Mailing Address 964A ROUTE 146 CLIFTON PARK NY 12065 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 7071 University Blvd Suite, Apt. #, etc. 22 City & State 23 Winter Park, FL Zip 24 32792 Country 25	2a. Mailing Address 26 7071 University Blvd Suite, Apt. #, etc. 27 City & State 28 Winter Park, FL Zip 29 32792 Country 30	3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 08/06/1996	4. FEI Number 14-1664793 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent THORNTON, ANTHONY 6965 UNIVERSITY BLVD WINTER PARK FL 32792				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code		FL	

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 retreating) _____ DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	Thornton, Anthony	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DAVIS, DANIEL L			1.2 NAME	3242 Lordmell Court		
STREET ADDRESS	334 OLD BALLSTON AVENUE			1.3 STREET ADDRESS	Oviedo, FL 32765		
CITY-ST-ZIP	BALLSTON SPA NY			1.4 CITY-ST-ZIP			
TITLE	DPC	<input type="checkbox"/> DELETE		2.1 TITLE	P Gramatikas, George F	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRAMATIKAS, GEORGE F			2.2 NAME	1746 Carillon Park Drive		
STREET ADDRESS	1746 CARILLON PK. DR			2.3 STREET ADDRESS	Oviedo, FL 32765		
CITY-ST-ZIP	OVIEDO FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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 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: _____ 8/19/97 4151100-0873

CR2E034 (4/97)