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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 444912 (0)

1. Corporation Name

COMBUSTION TEC, INC.



Principal Place of Business

Mailing Address

2501 CLARK ST.
P.O. BOX 607693 (ORLANDO, 32860)
APOPKA FL 32703

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P.O. BOX 607693 (ORLANDO, 32860)
APOPKA FL 32703

3. Date Incorporated or Qualified
01/29/1974

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOUV, ARTHUR ESO
2501 CLARK ST.
APOPKA FL 32703

81 Name

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

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and the corporation (NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DVS
NAME LOUV, ARTHUR R.
STREET ADDRESS 1681 BLUE RIDGE ROAD
CITY-ST-ZIP WINTER PARK FL 32769

11 TITLE DVS
12 NAME LOUV, ARTHUR R.
13 STREET ADDRESS 657 BRECHIN DRIVE
14 CITY-ST-ZIP WINTER PARK, FL 32792

TITLE PTD
NAME NEFF, GLENN C
STREET ADDRESS 105 SPRING VALLY LOOP
CITY-ST-ZIP ALTAMONTE SPRGS, FL00000

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE VD
NAME NEFF, GLENN CAMPBELL
STREET ADDRESS 868 LITTLE BEND ROAD
CITY-ST-ZIP ALTAMONTE SPRINGS FL

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE VD
NAME NEFF, DAVID S.
STREET ADDRESS 567 S SUNDANCE DRIVE
CITY-ST-ZIP LAKE MARY FL

41 TITLE VD
42 NAME NEFF, DAVID S.
43 STREET ADDRESS 800 CROOKED OAK CT.
44 CITY-ST-ZIP LONGWOOD, FL 32779

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

61 TITLE
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 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORP

5-1-96

CR2E034 (12/95)