


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 06 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 # 825545 (7)  
1. Corporation Name  
TURBO POWER AND MARINE SYSTEMS, INC.



Principal Place of Business Mailing Address  
7000 CENTRAL INDUSTRIAL DR. NORTH  
RIVIERA BEACH FL 33404  
7000 CENTRAL INDUSTRIAL DR. NORTH  
RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 AIRCRAFT ROAD, Suite, Apt. #, etc. BLDG 130 22 City & State 23 MIDDLETOWN, CT 24 Zip 06457 25 Country U.S.A.	2a. Mailing Address 26 AIRCRAFT ROAD Suite, Apt. #, etc. P.O. Box 611130 27 City & State 28 MIDDLETOWN, CT 29 Zip 06457 30 Country U.S.A.	3. Date Incorporated or Qualified 12/30/1970 3a. Date of Last Report 04/29/1996 4. FEI Number 06-0865597 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
--	---	--

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324

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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	KASSOUF, THOMAS L.		1.2 NAME				
STREET ADDRESS	AIRCRAFT ROAD, BUILDING 130		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIDDLETOWN CT		1.4 CITY-ST-ZIP	06457			
TITLE	<del>AC</del>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<del>YEN, DAVID O.</del>		2.2 NAME				
STREET ADDRESS	<del>400 MAIN STREET</del>		2.3 STREET ADDRESS				
CITY-ST-ZIP	<del>EAST HARTFORD CT</del>		2.4 CITY-ST-ZIP				
TITLE	<del>CEO</del>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	CONTROLLER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	<del>BYR, GUY H.</del>		3.2 NAME	BRIAN M. TEVNAV			
STREET ADDRESS	AIRCRAFT ROAD, BUILDING 130		3.3 STREET ADDRESS	400 MAIN STREET			
CITY-ST-ZIP	MIDDLETOWN CT		3.4 CITY-ST-ZIP	EAST HARTFORD, CT 06108			
TITLE	S	<input type="checkbox"/> DELETE	4.1 TITLE	FERGUS HENDERSON <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	LENNING, EDWARD N.		4.2 NAME				
STREET ADDRESS	AIRCRAFT ROAD, BLDG 130		4.3 STREET ADDRESS				
CITY-ST-ZIP	MIDDLETOWN CT		4.4 CITY-ST-ZIP	06457			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WHISTON, RICHARD M.		5.2 NAME				
STREET ADDRESS	AIRCRAFT ROAD, BUILDING 130		5.3 STREET ADDRESS	400 MAIN STREET			
CITY-ST-ZIP	MIDDLETOWN CT		5.4 CITY-ST-ZIP	EAST HARTFORD, CT 06108			
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	LEWIS, CHARLES W		6.2 NAME				
STREET ADDRESS	7000 CENTRAL INDUSTRIAL DR N		6.3 STREET ADDRESS				
CITY-ST-ZIP	RIVIERA BEACH FL		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: Francis Henderson 2/17/97 860-2000

CR2E034 (4/97)