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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 825545 1. Corporation Name

TURBO POWER AND MARINE SYSTEMS, INC.

Principal Place	e of Business	Mailing Address				
400 MAIN ST 400 MAIN ST						
M/S 191-11		M/S 191-11			DO NOT WRITE IN THIS SPACE	
EAST HARTFOR	EAST HAMPTON CT 0610	HAMPTON CT 06108				
US		US				3. Date incorporated or Qualifed
			_			12/30/1970
2. Principal P	2a. Mailing Address	ailing Address			4. FEI Number Applied For	
21		26				06-0865597 Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired \$8.75 Additional
22		27				Fee Required
City & Stat	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year intangible
24	25	29	30			Personal Property Tax.
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Registered Agent
•				81	Name	
CT CORPORATION SYSTEM			-		Addition (D.O. Down Marshall Marshalla)	
1200	S. PINE ISLAND ROAD			82	Street A	Address (P.O. Box Number is Not Acceptable)
PLAN	NTATION FL 33324			83		
				84	City	FL 85 Zip Code
				┸┸		
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida State	ites, the a	bove	-named c	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obligat	tions of, Section 607.0505, Fi	orida Stat	utes		ALLOHO DOGRA OF ANGLES OF THE STATE OF THE S
SIGNATURE						
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NO	E: Registered	Agent	signature rec	oquired when reinstating) DATE
12.	OFFICERS AN	D DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VP	X DELETE	1.1 TI	TLE		VP X☐ Change ☐ Addition
NAME	KASSOUF, THOMAS L.		1.2 N	AME	Į.	Rai, Rohit
STREET ADDRESS	400 MAIN ST, M/S 191-11		1.3 ST	TREET	ADDRESS	400 Main Street, M/S 191- 11
CITY-ST-ZIP	EAST HAMPTON CT 06108		14 C	TY-ST	-ZIP	East Hartford, CT 06108
TITLE	C	☐ DELETE	2.1 Ti			Change Addition
	TEVNAN, BRIAN M	 -	2.2 N]	
NAME					4000000	
STREET ADDRESS	400 MAIN ST, M/S 191-11				ADDRESS	
CITY-ST-ZIP	EAST HAMPTON CT 06108		_	TY-ST	- ZIP	Change ☐ Additio
TITLE	\$	☐ DELETE	3.1 Ti	TLE	ĺ	
NAME	TIENDENOON, TENOOS		3.2 N	AME		
STREET ADDRESS	400 MAIN ST, M/S 191-11		33 STREET		ADDRESS	
CITY-ST-ZIP	EAST HAMPTON CT 06108		3.4. C	TY-ST	- ZIP	
TITLE	D	☐ DELETE	4.1 Ti	TLE		Change Addition
NAME	WHISTON, RICHARD M.		4.2 N	IAME	į	
STREET ADDRESS	400 MAIN ST		4.3 S	TREET	ADDRESS	
	EAST HARTFORD CT			ITY-ST		
CITY-ST-ZIP	LAST HARTI OND CT	☐ DELETE	5.1 TI		-211	☐ Change ☐ Additio
TITLE			5.2 N			_ , _
NAME					ADDRESS	
STREET ADDRESS						
CITY-ST-ZIP				ITY-ST	-417	☐ Change ☐ Additio
TITLE		☐ DELETE	6.1 TI			☐ Change ☐ Addition
NAME			6.2 N			
I					ADDRESS	
STREET ADDRESS				ITY-ST	\ \	

14. I 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 arn 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, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

ME OF SIGNING OFFICER OR DIRECTOR