FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **856242** **(3)**

1. Corporation Name
TURBO POWER, INC.

Principal Place of Business
14820 N.W. 60TH AVE.
MIAMI LAKES FL 33014

Mailing Address
14820 N.W. 60TH AVE.
MIAMI LAKES FL 33014

3. Date Incorporated or Qualified: **04/25/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **59-2272364** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**
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 title if applicable) (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	O'TOOLE, CHARLES J.	1.2 NAME	
STREET ADDRESS	635 NATL CITY BK. BLDG.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH	1.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FISHER, ROBERT L.	2.2 NAME	
STREET ADDRESS	18 W. SNAPPER POINT	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY LARGO FL	2.4 CITY-ST-ZIP	
TITLE	P ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	BROSE, ANDREW J	3.2 NAME	
STREET ADDRESS	7010 GLENEAGLE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	3.4 CITY-ST-ZIP	
TITLE	T ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	KOCINSKI, MICHAEL A.	4.2 NAME	GEORGE GAUDETTE, DIRECTOR
STREET ADDRESS	5145 NW 42ND AVE.	4.3 STREET ADDRESS	14820 N.W. 60th AVENUE
CITY-ST-ZIP	COCONUT CREEK FL	4.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	ALLISTER LANGLANDS, DIRECTOR
STREET ADDRESS		5.3 STREET ADDRESS	14820 N.W. 60th AVENUE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☒ Addition
NAME		6.2 NAME	TOM MOTHERWELL, DIRECTOR
STREET ADDRESS		6.3 STREET ADDRESS	14820 N.W. 60th AVENUE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014

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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/29/96 305 820-3225
Date Daytime Phone #

CR2E034 (12/95)