

4-25-97 B-5486 C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Apr 25 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 # 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 33014-2815



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/25/1983	3a. Date of Last Report 02/19/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2272364	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	P
NAME	O'TOOLE, CHARLES J.	1.2 NAME	MCBRIDE, STEPHEN
STREET ADDRESS	835 NATL CITY BK. BLDG.	1.3 STREET ADDRESS	14820 N.W. 60TH AVENUE
CITY- ST- ZIP	CLEVELAND OH	1.4 CITY- ST- ZIP	MIAMI LAKES, FL
TITLE	D	2.1 TITLE	
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	3.1 TITLE	D
NAME	BROSE, ANDREW J	3.2 NAME	BROSE, ANDREW J
STREET ADDRESS	7010 GLENEAGLE DR.	3.3 STREET ADDRESS	7010 GLENEAGLES DR,
CITY- ST- ZIP	MIAMI LAKES FL	3.4 CITY- ST- ZIP	MIAMI LAKES, FL
TITLE	D	4.1 TITLE	
NAME	GAUDETTE, GEORGE	4.2 NAME	
STREET ADDRESS	14820 N.W. 60TH AVENUE	4.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI LAKES FL	4.4 CITY- ST- ZIP	
TITLE	D	5.1 TITLE	
NAME	LANGLANDS, ALLISTER	5.2 NAME	
STREET ADDRESS	14820 N.W. 60TH AVENUE	5.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	5.4 CITY- ST- ZIP	
TITLE	D	6.1 TITLE	
NAME	MOTHERWELL, TOM	6.2 NAME	
STREET ADDRESS	14820 N.W. 60TH AVENUE	6.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI LAKES 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, unchanged, or on an attachment with an address.

SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

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