SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUS' 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REJISTATE: \$375.) PROFIT FLORIDA DEPARTMENT (F STATE CORPORATION Sandra B. Mortna ANNUAL REPORT Secretary of Stat DIVISION OF CORPOR TIONS 1996 F95000002254 (9) **DOCUMENT #** APPLIED ENGERY TECHNOLOGY INC. Mailing Address Principal Place of Business 10275 NOTTINGHAM FOREST DR 10275 NOTTINGHAM FOREST DR. **BROOKSVILLE FL 34601** BROOKSVILLE FL 34601 3a. Date of Last Report 3. Date Incorporated or Qualified 05/08/1995 Applied For 4. FFI Number 2a. Mailing Address 2. Principal Place of Business 59-3274343 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #. etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199 032 Ĉ Country Zic Zιρ _] Yes [] No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name FINLEY, MICHAEL W Street Address (P.O. Box Number is Not Acceptable) 82 10275 NOTTINGHAM FOREST DR. **BROOKSVILLE FL 34601** Zip Code 85 84 City we named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered Pursuant to the provisions of Sections 607 05/02 and 607 1508, Florida Statutes, the a
office or registered agent or both, in the State of Florida. Such change was authorize
agent. Lam familiar with, and accept the obligations of, Section 607 0505, Florida Stat DAI: SIGNATURE (NÓI) Registe Signature by ettle perchasis and perchasis and the diagnostate OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (3.6)13 12. Change Addition DELETE 11 TOLE THILE CR2E034 12 NAME FINLEY, MICHAEL W NAME 1.3 STREET ADDRESS 10275 NOTTINGHAM FOREST DR. STREET ADDRESS **BROOKSVILLE FL 34601** 14 City - ST ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY - ST - ZIP CHTY - ST - ZIP Change Addition DELETE 4 1 TUTLE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City -S1 - ZiP CITY - ST - ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY - ST - ZIP CiTY-ST-ZiP Change Addition DELETE 61 TITLE THLE 6.2 NAME NAME 6.3 STREET ADORESS STREET ADDRESS 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this fling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes I turther 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 it made under oath that I am applied or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 13 if changed, or on an attachment with an address 8-5-46

SIGNATURE:

ND TYPED OR