## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P25331

(0)

WASTE ENERGY TECHNOLOGY, INC.									
Principal Place (	of Business	Mailing Address				T TORRIDON HID HER DRUD HIGH HIS	) 1 1		1916 BIEN 1881
		11 TUPELO AVNEUE	SE						
11 TUPELO : SUITE 7	SUITE 7								
	BEACH FL 32548	FT. WALTON BEACH FL 32548			3. Date Incorporated or Qualified 3a. Date of Last Report				
US		US				07/18/1989		03/21/1995	
2. Principal Pla	ce of Business	2a. Mailing Address				4. FEI Number			plied For
2. 1 111100001110	oo or Bookees	26				0.0011010			ot Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional	
22	·	27					ree nequired		<del></del>
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Added to Fer			
23		28					intonnihla ta		
Zip	Country	Zip		Country		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes			
24	25	29	30			10. Name and Address of New R		Agent	
	9. Name and Address of Current	Registered Agent		81 N	lanie				
				1		/D C. Davi M. rock as in Mint Annual ch	10)		
RODGERS, MICHAEL W.				<b>82</b> S	Street Addre	Idress (P.Ö. Box Number is Not Acceptable)			
	OY CIRCLE		ŀ	83					
FT. WA	LTON BEACH FL 32547		\					les Zio	Codo
				84	City		FL	85 Zip	Code
dd. Discussed d	to the provisions of Sections 607.0502	and 607 1508 Florida Statut	es, the abo	ve-nan	ned corpor	ation submits this statement for the pu	rpose of ch	anging its re	gistered offic
				orpora	ition's boar	d of directors. I hereby accept the app	ointhient as	registered a	agent. i aiii
familiar wit	th, and accept the obligations of, Secti	On 607.0505, Florida Statutes							
SIGNATURE .	Signature, typed or printed name of registered agent.	and title if applicable. [NO	01E: Registered	Agent se	gnature requires	g when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFF			
TITLE	PD	DELETE	1. 1 TITLE					Change	Addition
NAME	RODGERS, MICHAEL W.	1.2 N		ME					
STREET ADDRESS	140 TROY CR.		1.3 \$	REET AD	ORESS				
CITY-ST-ZIP	FT. WALTON BEACH FL		1.4 C	TY-S1-	7IP				☐ Addition
1ITLF	STD	DELETE	2.11	11LE	}			Change	Nuderion
NAME	CHAPPELL, KEVIN H.			22 NAME					
STREET ADDRESS	19 WEDGEWOOD LANE	WEDGEWOOD LANE		2 3 STREET ADDRESS					
CITY - ST - ZIP	FT WALTON BEACH FL	L 2.4			ZIP			Change .	Addition
TITLE	VP	☐ DELETE	3 1 1	ITLE	-			Change	L) Modition
NAME	RODGERS, LARRY C.		32 N			102 MILLIA WAY			
STREET ADDRESS	1309 SUNSET DRIVE				DDRESS	103 MILLIE WAY MARY ESTHER, FL	22 5	0	
CITY - ST - ZIP	COLUMBIA KY			ITY - ST-	ZIP .	MARY ESTHER, FC	3636	Change	Addition
THLE	D	☐ DELETE	4.1			•		☐ ounde	L.J TOURISH
NAME	GETTING, JAMES A.		4.2 1						
STREET ADDRESS	2569 PALM SHORES DR			TREET A					
CITY-SI-7IP	SHALIMAR FL	FTI COLFEE		ΠY-SI-	ZIP			Change	☐ Addition
TITLE		☐ DELETE	5 1		Ì				
NAME			5.21						
STREET ADDRESS				TREFT A					
CITY-ST-ZIP		El oc. Pre		ITY-SI-	ZIP			☐ Change	[ ] Addition
TITLE		☐ DELETE		TITLE				— <sub>счиндо</sub>	
NAME				IAME					
STREET ADDRESS									
SINCE ADDRESS					DDRESS				
CITY-SI-ZIP			641	PITV. ST.	. 710	for the exemption stated in Section 11	9 07(3)(k) - F	lorida Statu	tes. I further

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. 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 if made under 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 cath; 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 OF PINITED NAME OF SIGNATURE OF DIRECTOR