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Apr 07 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25331 (0)  
1. Corporation Name  
WASTE ENERGY TECHNOLOGY, INC.



Principal Place of Business 11 TUPELO AVENUE SE SUITE 7 FT. WALTON BEACH FL 32548 US	Mailing Address 11 TUPELO AVENUE SE SUITE 7 FT. WALTON BEACH FL 32548 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/18/1989
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 57-0811645
22. City & State	27. City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24. Country	29. Country	30. Country
7. Name and Address of Current Registered Agent RODGERS, MICHAEL W. 140 TROY CIRCLE FT. WALTON BEACH FL 32547		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RODGERS, MICHAEL W.	1.2 NAME	
STREET ADDRESS	140 TROY CR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. WALTON BEACH FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	CHAPPELL, KEVIN H.	2.2 NAME	
STREET ADDRESS	19 WEDGEWOOD LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT WALTON BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	RODGERS, LARRY C.	3.2 NAME	
STREET ADDRESS	103 MILLIE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	MARY ESTHER FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	GETTING, JAMES A.	4.2 NAME	
STREET ADDRESS	2589 PALM SHORES DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	SHALIMAR FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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]*

3/2/98

(80)243-0032

CR2E034 (10/97)