FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P25331

Corporation Name

Principal Place of Business

WASTE ENERGY TECHNOLOGY, INC.

SUITE 7 SUI		11 TUPELO AVNEUE SE SUITE 7 FT. WALTON BEACH FL 3254 US	UITE 7 T. WALTON BEACH FL 32548		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 07/18/1989				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Apr	lied For	
21		26			57-0811645		Not	Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 00	.75 A	dditional juired	
City & State		City & State	ı .		Election Campaign Financing Trust Fund Contribution	1 1	\$5.00 May Be Added to Fees		
Zip 24	Country Zip Cou			Personal Property Tax. Yes No					
	9. Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent			
RODGERS, MICHAEL W. 140 TROY CIRCLE				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)					
	VALTON BEACH FL 32547		83						
			84	City		FL 85	Zip C	ode	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State o m famillar with, and accept the obligati	f Florida. Such change was autr ons of, Section 607.0505, Florid	orized by a Statute:	tne corpora s.	orporation submits this statement for the ation's board of directors. I hereby acceptioned when reinstating)	purpose of chang of the appointmen	ing its las reg	egistered istered	
	Signature, typed or printed name of registered agent		<u> </u>	ent signature requ	ADDITIONS/CHANGES TO OF		ECTO	3S IN 12	
12.	OFFICERS AND	DELETE	13.	Т	ADDITIONS/CHANGES TO OF		hange	Addition	
TITLÉ	PD		1.2 NAME						
NAME.	RODGERS, MICHAEL W.							İ	
STREET ADDRESS	140 TROY CR.			T ADDRESS					
CITY-ST-ZIP	FT. WALTON BEACH FL	☐ DELETE	1.4 CITY-:	51-ZIP		ПС	nange	☐ Addition	
TITLE	CHAPPELL, KEVIN H.	Dece	2.2 NAME			_	·	_	
NAME	19 WEDGEWOOD LANE			T ADORESS			.		
STREET ADDRESS	FT WALTON BEACH FL		2. 4 CITY-	1	-				
CITY-ST-ZIP TITLE	VP	DELETÉ	3.1 TITLE	01- <u>21</u>		□c	hange	Addition	
NAME	RODGERS, LARRY C.	/ \	3.2 NAME						
STREET ADDRESS	103 MILLIE WAY			ET ADDRESS					
CITY-ST-ZIP	MARY ESTHER FL		3.4. CITY-	ST-ZIP					
TITLE	D	☐ DELETE	4.1 TITLE				hange	Addition	
NAME	GETTING, JAMES A.		4 2 NAME	<u> </u>					
STREET ADDRESS	2569 PALM SHORES DR		4.3 STREE	ET ADDRESS					
City-ST-ZiP	SHALIMAR FL		4.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	5.1 TITLE			Пс	hange	Addition	
NAME			5.2 NAME						
STREET ADDRESS			1	T ADDRESS				1	
CITY-ST-ZIP			5.4 CITY-	ST-ZIP			hanca	Addition	
TITLE		☐ DELETE	6.1 TITLE			Пс	hange		
NAME			6.2 NAME						
STREET ADDRESS				ET ADDRESS				ļ	
CITY-ST-ZIP			6.4 CJTY-	ST-ZiP					

FILED Mar 06, 1999 8:00 am Secretary of State

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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, with all other like empowered.

SIGNATURE:

SNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Chappell

2/19/99 Date 850/243-0033 Daytime Phone #