

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martin
Secretary

FILED
SECRETARY OF STATE
DEPARTMENT OF CORPORATIONS

DOCUMENT # **P94000054755 (1)**

95 MAY -1 PM 2:33

1. Corporation Name
UNITED TURBINE TECHNOLOGIES, INC.

2. Principal Office Location: **15800 NW 49TH AVE MIAMI FL 33014**
3. Mailing Address: **15800 NW 49TH AVE MIAMI FL 33014**

DO NOT WRITE IN THIS SPACE

3. Date of Report (Month/Day/Year): **07/25/1994** 3a. Date of Last Report

4. FEI Number: **A 65-0505749** Applied For: Not Applicable:

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. The corporation is liable for intangible tax under § 199.019, Florida Statutes: Yes No

2. Principal Office Location: **21** 2a. Mailing Address: **26**

22. State: **27** 27. State: **28**

23. City: **28** 28. City: **29**

24. County: **25** 29. County: **30**

9. Name and Address of Current Registered Agent: **SEPLER, RICHARD M 2997 DAY AVE MIAMI FL 33133**

10. Name and Address of New Registered Agent:

81. Name: _____

82. Street Address (P.O. Box Number is Not Applicable): _____

83. _____

84. City: _____ 85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.02(1), and 607.19(8), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the principal office in both in the State of Florida. Such change was authorized by the corporation's Board of Directors, Officers, and/or the appointment of its registered agent. It is further authorized and accepted the obligations of Sections 607.02(1), Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	DP NAME: BRITT, RICHARD T SR STREET ADDRESS: 15800 NW 49TH AVE CITY: MIAMI FL 33014	TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DV NAME: MURDERS, O C STREET ADDRESS: 15800 NW 49TH AVE CITY: MIAMI FL 33014	TYPE OF CHANGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DT NAME: BRITT, RICHARD T JR STREET ADDRESS: 15800 NW 49TH AVE CITY: MIAMI FL 33014	TYPE OF CHANGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	DS NAME: SEPLER, RICHARD M STREET ADDRESS: 2997 DAY AVE CITY: MIAMI FL 33133	TYPE OF CHANGE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	TYPE OF CHANGE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and is true and correct for the corporation. I am the Secretary of the corporation and I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 11 if change of name attachments with an address.

SIGNATURE: _____ 3-23-95 (305) 625-4900

SIGNATURE AND TITLE OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR