

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

FILED
Apr 03 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000054755 (1)
 1. Corporation Name
UNITED TURBINE TECHNOLOGIES, INC.



Principal Place of Business 15800 NW 49TH AVE MIAMI FL 33014	Mailing Address 15800 NW 49TH AVE MIAMI FL 33014
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DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3 Date Incorporated or Qualified
07/25/1994

4 FEI Number
65-0505749

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

6 Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8 This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

g. 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE DP	<input checked="" type="checkbox"/> DELETE
NAME BRITT, RICHARD T SR	
STREET ADDRESS 15800 NW 49TH AVE	
CITY-ST-ZIP MIAMI FL 33014	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME WALLY HASSENFRATZ	
1.3 STREET ADDRESS 4790 nw 157 STREET	
1.4 CITY-ST-ZIP MIAMI, FLORIDA 33014	
2.1 TITLE V.P. MARKETING	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME LARRY BRITT	
2.3 STREET ADDRESS 4790 NW 157 STREET	
2.4 CITY-ST-ZIP MIAMI, FLORIDA 33014	
3.1 TITLE SEC./GEN. CONSEL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME RICHARD SEPLER	
3.3 STREET ADDRESS 2997 DAY AVENUE	
3.4 CITY-ST-ZIP MIAMI, FLORIDA 33133	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(j), 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: *Wally Hassenfratz* 3/26/98 305-65-4900

CR2E034 (10/97)