

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *P95 0000 35 932*
1. Corporation Name
TURBOFLOW INTERNATIONAL, INC.

Principal Place of Business Mailing Address
8600 CARACAS AVE
ORLANDO FL 32825

2. Principal Place of Business 2a. Mailing Address
21 *SAME* 26 *SAME*
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 *8600 CARACAS AVE* 27
City & State City & State
23 *ORLANDO FLA* 28
Zip Country Zip Country
24 *32825* 25 *USA* 29 30

3. Date Incorporated or Qualified *05-01-95* 3a. Date of Last Report *None*
4. FEI Number *59-3311811* Applied For Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BARBARA F. STELTZ
8600 CARACAS AVE
ORLANDO FL 32825

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 *Barbara Frances Steltz* PRES *3/13/96*
(NOTE: Registered Agent signature required when reissuing) DATE

12. OFFICERS AND DIRECTORS

TITLE	<i>President/Sec'y/Treas.</i>	<input type="checkbox"/> DELETE
NAME	<i>BARBARA F. STELTZ</i>	
STREET ADDRESS	<i>8600 CARACAS AVE</i>	
CITY - ST - ZIP	<i>ORLANDO FL 32825</i>	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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	<i>500001752548</i>
6.3 STREET ADDRESS	<i>-03/21/96--01049--028</i>
6.4 CITY - ST - ZIP	<i>***200.00</i>

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. 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 2 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Barbara Frances Steltz* President/DIRECTOR *3/13/96* (207) 823-8116
(NOTE: Signature and typed or printed name of signing officer or director) Date Daytime Phone #
SG 321-96

CR2E034 (12/95)