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Jan 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000078802 (1)

1. Corporation Name
FLORIDA TURBINE CORP.



Principal Place of Business: 11950 SOUTHWEST 15 COURT DAVIE FL 33325
Mailing Address: 11950 SOUTHWEST 15 COURT DAVIE FL 33325-4634

3. Date Incorporated or Qualified: 09/23/1996
3a. Date of Last Report

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: 65-0697486
Applied For: Not Applicable

Suite, Apt #, etc: 22

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

City & State: 23

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

City & State: 27

Zip: 24 Country: 25

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes [X] No []

Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 types: 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

Table with 5 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP, and a DELETE checkbox. Row 1: PSTD, MOZZAYANPOUR, ALI, 11950 SOUTHWEST 15 COURT, DAVIE FL 33325.

Table with 5 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP, and checkboxes for Change and Addition.

14. I do 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 included 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: [Handwritten Signature]

01-09-97 (954)370-8449

CR2E034 (9/96)