

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 21 PM 3:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **H59290** (7)
1. Corporation Name
CLIMATRON, INC.

Principal Place of Business: **410 N SEGRAVE STREET, P.O. BOX 15230, DAYTONA BEACH FL 32115**
Mailing Address: **410 N SEGRAVE STREET, P.O. BOX 15230, DAYTONA BEACH FL 32115**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/15/1985** 3a. Date of Last Report: **05/01/1994**
4. FEI Number: **59-2621351** 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

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 25, 26, 27, 28, 29, 30
City & State, Zip, Country

9. Name and Address of Current Registered Agent
**TYDIR, PETER
30 SANDPOINT CIR
ORMOND BCH FL 32174**

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 reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	VPST
NAME	TYDIR, PETER
STREET ADDRESS	30 SANDPOINT CIR
CITY-ST-ZIP	ORMOND BCH FL 32174
TITLE	P
NAME	TYDIR, IVONA
STREET ADDRESS	30 SANDPOINT CIR
CITY-ST-ZIP	ORMOND BCH FL 32174
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TYDIR, PETER	
1.3 STREET ADDRESS	Same	
1.4 CITY-ST-ZIP		
2.1 TITLE	VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TYDIR, IVONA	
2.3 STREET ADDRESS	Same	
2.4 CITY-ST-ZIP		
3.1 TITLE	ST	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BERMAN, PHILIP	
3.3 STREET ADDRESS	322 BUCKNELL DRIVE	
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 03-15-95 904 257-5758
DATE: _____