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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

K46654

(5)

CALOREX MANUFACTURING COMPANY, INC.

Principal Place of Business 5826 CORPORATION CIRCLE FT. MYERS FL 33905

Mailing Address

5826 CORPORATION CIRCLE FT. MYERS FL 33905



						3. Date Incorporated or Qualified			
· ·	ace of Business	<b>2a.</b> Mailing Address	i			4. FEI Number		Applied Fo	y
Suite, Apt.	+ olo	26				65-0087232		Not Applica	
22		Suite: Apt. #, et	27			5. Certificate of Status Desired S8.75 Additional Fee Required			
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zip <b>24</b>	25 29			Country 30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes   X Yes   No			
	9. Name and Address of Curr	ent Registered Agent		Ī.,		10. Name and Address of New I	Registered Age	nt	
				81	Name				
STEVENS, DAVID R. 5826 CORPORATION CIRCLE				82 Street Add		ddress (P.O. Rox Number is Not Acceptable)			
ri. MYI	ER\$ FL 33905			83					
				84	City		- 8	5 Zip Code	-
familiar wit	to the provisions of Sections 607.05 ed agent, or both, in the State of Ficht, and accept the obligations of, Sections of the obligations of the Section of	onda, Such enange was aut ection 607.0505, Florida Sta	morzeo by the c	corpc	oration's board	tion submits this statement for the put d of directors. Thereby accept the app	rpose of changir pointment as regi	g its registered o stered agent. I ar	office m
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF		ECTORS IN 12	$\dashv$
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certify that the information supplied with this tiling 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 arinual 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 or derivative the information or the receiver of trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter 607 and the properties of the corporation or the receiver of trusted en powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO R. STLVENS 4/29/96 941.693-5656