

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

FILED
Apr 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
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DOCUMENT # P30062 (4)
 1. Corporation Name
UNITHERM DIVISION, INC.



Principal Place of Business 29982 IVY GLENN DRIVE LAGUNA NIGUEL CA 92677	Mailing Address 29982 IVY GLENN DRIVE LAGUNA NIGUEL CA 92677-2044
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21 Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country	26 Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
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3. Date Incorporated or Qualified 07/03/1990	3a. Date of Last Report 04/30/1996
4. FET Number 95-1947155	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 _____
Signature, typed or print of name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	C	<input type="checkbox"/> DELETE
NAME	HAGAN, J. MICHAEL	
STREET ADDRESS	29982 IVY GLENN DR	
CITY-ST-ZIP	LAGUNA NIGUEL CA	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HOUESHELL, MONTY A.	
STREET ADDRESS	29982 IVY GLENN DR	
CITY-ST-ZIP	LAGUNA NIGUEL CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHURM, PETER	
STREET ADDRESS	67 MONARCH BAY	
CITY-ST-ZIP	SOUTH LAGUNA CA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CHASE, COCHRANE	
STREET ADDRESS	2161 PAPAYA DRIVE	
CITY-ST-ZIP	LA HABRA HEIGHTS CA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEBAFFER, XXX	
STREET ADDRESS	29982 IVY GLENN DRIVE	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CVENGROS, WILLIAM D	
STREET ADDRESS	29982 IVY GLENN DRIVE	
CITY-ST-ZIP	LAGUNA NIGUEL CA 92677	

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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	RANCK, BRUCE E.	
5.3 STREET ADDRESS	29982 IVY GLENN DRIVE	
5.4 CITY-ST-ZIP	LAGUNA NIGUEL, CA 92677	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: 

Monty Houshell shall

CP2E034 (9/96)