FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 PM 1:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704360 (7)

1. Corporation Name
THERMAL RESEARCH, INCORPORATED

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~999 PONCE DE LEON BLVD.~~ ~~SUITE 1000~~ ~~CORAL GABLES FL 33134~~ ~~US~~	~~999 PONCE DE LEON BLVD.~~ ~~SUITE 1000~~ ~~CORAL GABLES FL 33134~~ ~~US~~

3. Date Incorporated or Qualified: 07/31/1962
3a. Date of Last Report: 04/28/1994
4. FEI Number: 59-1058239 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 357 Alhambra	26 357 Alhambra
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Coral Gables FL.	City & State 28 Coral Gables FL.
Zip 24 33134 Country 25 US	Zip 29 33134 Country 30 US

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~RUSSELL, DAVID~~ ~~999 PONCE DE LEON BLVD #1000~~ ~~CORAL GABLES 33134~~	81 Name: Russell, David A. 82 Street Address (P.O. Box Number is Not Acceptable): 357 Alhambra 83 84 City: Coral Gables FL 85 Zip Code: 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	RUSSELL, DAVID	1.2 NAME		
STREET ADDRESS	15201 SW 216TH ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	GOULDS FL	1.4 CITY-ST-ZIP		
TITLE	PD	2.1 TITLE		☐ Change ☐ Addition
NAME	~~YALE, MOSK~~	2.2 NAME	Fink, Charles S	
STREET ADDRESS	~~10875 SW 89 ST~~	2.3 STREET ADDRESS	4391 NW 113 St.	
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	Okeechobee FL. 33972 3	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	BOURDON, ROUSE	3.2 NAME	Fax, Joe	
STREET ADDRESS	8120 S.W. 99 AVE	3.3 STREET ADDRESS	6980 Pontilo	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami 33146	
TITLE	~~VD~~	4.1 TITLE		☐ Change ☐ Addition
NAME	~~LEE, PERRY~~	4.2 NAME		
STREET ADDRESS	~~100 NW 60 STREET~~	4.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BERKOWITZ, JAY	5.2 NAME		
STREET ADDRESS	13594 SW 117 TERR	5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	BINGHAM, SCOTT	6.2 NAME		
STREET ADDRESS	13276 SW 99 TERR	6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/5/95 305 443 2111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007439