

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 704360 (7)

1. Corporation Name

THERMAL RESEARCH, INCORPORATED



Principal Place of Business

Mailing Address

367 ALHAMBRA CIRCLE
CORAL GABLES FL 33134
US

367 ALHAMBRA CIRCLE
CORAL GABLES FL 33134
US

3. Date Incorporated or Qualified

07/31/1962

3a. Date of Last Report

04/26/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-1058239

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUSSELL, DAVID A
367 ALHAMBRA CIRCLE
CORAL GABLES 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or 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

TITLE SD
NAME RUSSELL, DAVID
STREET ADDRESS 15201 SW 216TH ST
CITY-ST-ZIP GOULDS FL ☐ DELETE

1.1 TITLE D P
1.2 NAME ALBURY, ROBERT
1.3 STREET ADDRESS 6101 S.W. 79 Street
1.4 CITY-ST-ZIP Miami, Florida 33143 ☐ Change ☒ Addition

TITLE PD
NAME FINK, CHARLES
STREET ADDRESS 4391 NW 113 ST. AVENUE
CITY-ST-ZIP SUNRISE FL ☐ DELETE

2.1 TITLE D
2.2 NAME MOSK, YALE
2.3 STREET ADDRESS 10875 S.W. 69 Court
2.4 CITY-ST-ZIP Miami, Florida 33156 ☐ Change ☒ Addition

TITLE D V
NAME FOX, JON
STREET ADDRESS 5930 PONTILLO
CITY-ST-ZIP MIAMI FL ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BERKOWITZ, JAY
STREET ADDRESS 13594 SW 117 TERR
CITY-ST-ZIP MIAMI FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME BINGHAM, SCOTT
STREET ADDRESS 13276 SW 99 TERR
CITY-ST-ZIP MIAMI FL ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)