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Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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  
CORAL GABLES FL 33134  
US367 ALHAMBRA  
CORAL GABLES FL 33134-5003  
US3. Date Incorporated or Qualified  
07/31/19623a. Date of Last Report  
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-1058239

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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  
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 FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE PD  
NAME FINK, CHARLES  
STREET ADDRESS 4391 NW 113 ST.  
CITY - ST - ZIP SUNRISE FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE D  
NAME FOX, JON  
STREET ADDRESS 5930 PONTILLO  
CITY - ST - ZIP MIAMI FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE D  
NAME BERKOWITZ, JAY  
STREET ADDRESS 13594 SW 117 TERR  
CITY - ST - ZIP MIAMI FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE D  
NAME BINGHAM, SCOTT  
STREET ADDRESS 13276 SW 99 TERR  
CITY - ST - ZIP MIAMI FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE DP  
NAME ALBURY, ROBERT  
STREET ADDRESS 6101 SW 79TH ST  
CITY - ST - ZIP MIAMI FL6.1 TITLE  
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment to this report.

SIGNATURE: Robert ALBURY  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-24-97

Date

Daytime Phone # 0026948

CR2E037 (9/96)