

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 28 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 725443 (6)

1. Corporation Name

THERMAL RESEARCH ASSOCIATES, INC.



Principal Place of Business

Mailing Address

367 ALHAMBRA
CORAL GABLES FL 33134
US

367 ALHAMBRA
CORAL GABLES FL 33134-5003
US

3. Date Incorporated or Qualified
02/01/1973

3a. Date of Last Report
03/25/1996

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
23-7384349

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
CORAL GABLES FL 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 PD ☐ DELETE
NAME FINK, CHARLES
STREET ADDRESS 4391 NW 113 AVE.
CITY-ST-ZIP SUNRISE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME FOX, JON
STREET ADDRESS 6930 PONTILLO
CITY-ST-ZIP MIAMI FL

2.1 TITLE V D ☒ Change ☐ Addition
2.2 NAME FOX, KEVIN
2.3 STREET ADDRESS 6620 S.W. 92nd ST.
2.4 CITY-ST-ZIP MIAMI, FL. 33156

TITLE TD ☐ DELETE
NAME ALBURY, ROBERT
STREET ADDRESS 6101 SW 79TH ST.
CITY-ST-ZIP MIAMI FL

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

TITLE D ☒ DELETE
NAME BERKOWITZ, JAY
STREET ADDRESS 13594 S.W. 17TH TERRACE
CITY-ST-ZIP MIAMI FL

4.1 TITLE S D ☒ Change ☐ Addition
4.2 NAME RUSSELL, DAVID A.
4.3 STREET ADDRESS 367 ALHAMBRA
4.4 CITY-ST-ZIP CORAL GABLES, FL. 33134

TITLE D ☐ DELETE
NAME MOSK, YALE
STREET ADDRESS 10875 SW 69 COURT
CITY-ST-ZIP MIAMI FL

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

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

6.1 TITLE ☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ROBERT ALBURY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026943

3-24-97

CR2E037 (9/96)