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Apr 01 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **725443** (6)

1. Corporation Name  
**THERMAL RESEARCH ASSOCIATES, INC.**



Principal Place of Business	Mailing Address
<del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del>	<del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del>

2. Principal Place of Business	2a. Mailing Address
21 9990 S.W. 77th Avenue	26 9990 S.W. 77th Avenue
Suite, Apt. #, etc. 22 Suite 330	Suite, Apt. #, etc. 27 Suite 330
City & State 23 Miami, FL	City & State 28 Miami, FL
Zip 24 33156	Country 25 Miami-Dade
	Zip 29 33156
	Country 30 Miami-Dade

3. Date Incorporated or Qualified	02/01/1973
4. FEI Number	23-7384349
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
<del>XXXXXX</del> <del>XXXXXX</del> <del>XXXXXX</del>	

10. Name and Address of New Registered Agent	
81 Name	John A. Margolis
82 Street Address (P.O. Box Number is Not Acceptable)	Suite 330, 9990 S.W. 77th Avenue
83	
84 City	Miami
85 Zip Code	FL 33156

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]* DATE *3/27/98*

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	FINK, CHARLES
STREET ADDRESS	4391 NW 113 AVE.
CITY-ST-ZIP	SUNRISE FL
TITLE	VD
NAME	FOX, KEVIN
STREET ADDRESS	8820 SW 92 ST
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	ALBURY, ROBERT
STREET ADDRESS	6101 SW 79TH ST.
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	RUSSELL, DAVID A
STREET ADDRESS	387 ALHAMBRA
CITY-ST-ZIP	CORAL GABLES FL
TITLE	D
NAME	MOSK, YALE
STREET ADDRESS	10875 SW 89 COURT
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BINGHAM, SCOTT
STREET ADDRESS	13278 SW 99 TERRACE
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President/Director
1.2 NAME	Kevin Fox
1.3 STREET ADDRESS	6620 S.W. 92nd Street
1.4 CITY-ST-ZIP	Miami, FL 33156
2.1 TITLE	Vice President/Director
2.2 NAME	Burt Compton
2.3 STREET ADDRESS	10330 S.W. 102 Avenue
2.4 CITY-ST-ZIP	Miami, FL 33176
3.1 TITLE	Secretary/Director
3.2 NAME	John A. Margolis
3.3 STREET ADDRESS	Suite 330, 9990 S.W. 77th Avenue
3.4 CITY-ST-ZIP	Miami, FL 33156
4.1 TITLE	Director
4.2 NAME	Ted Andros
4.3 STREET ADDRESS	200 Ocean Lane Dr., #1007
4.4 CITY-ST-ZIP	Key Biscayne, FL 33149
5.1 TITLE	Director
5.2 NAME	Gary Fink
5.3 STREET ADDRESS	2159 Baton Rouge
5.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33326
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Signature]* DATE: *3/27/98* (305) 595 1911

CP2E037 (10/97)