

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</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

~~XXXXXX~~  
~~XXXXXX~~  
~~XXXXXX~~

~~XXXXXX~~  
~~XXXXXX~~  
~~XXXXXX~~

2. Principal Place of Business

21 9990 S.W. 77th Avenue

2a. Mailing Address

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

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/01/1973

4. FEI Number

23-7384349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30

☐

Yes

☐

No

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

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/22/98

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE

NAME FINK, CHARLES  
STREET ADDRESS 4391 NW 113 AVE.  
CITY-ST-ZIP SUNRISE FL

TITLE VD ☐ DELETE

NAME FOX, KEVIN  
STREET ADDRESS 6620 SW 92 ST  
CITY-ST-ZIP MIAMI FL

TITLE TD ☐ DELETE

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

TITLE SD ☒ DELETE

NAME RUSSELL, DAVID A  
STREET ADDRESS 367 ALHAMBRA  
CITY-ST-ZIP CORAL GABLES FL

TITLE D ☒ DELETE

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

TITLE D ☐ DELETE

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President/Director ☒ Change ☐ Addition

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 ☐ Change ☒ Addition

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 ☐ Change ☒ Addition

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 ☐ Change ☒ Addition

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 ☐ Change ☒ Addition

5.2 NAME Gary Fink  
5.3 STREET ADDRESS 2159 Baton Rouge  
5.4 CITY-ST-ZIP Ft. Lauderdale, FL 33326

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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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]*

*[Signature]* (305) 595 1911

CR2E037 (10/97)