FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

F9400000171 (8)

INTRA THERM INC.

Principal Place of Business

Mailing Address



60 SOCO TRAIL ORMOND BEACH FL 32174 US			60 SOCO TRAIL ORMOND BEACH FL 32174 US				3. Date Incorporated or Qualified 3a. Date of Last Report 01/12/1994 05/01/1995			995	
2. Principal Place	e of Business	2a.	Mailing Address				4. FEI Number			pplied For	
่		26					39-1566643 Not Applicable				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired		+	Additional Required	
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution	Added to Fees			
Zip	Country		Zφ	Col	intry		8. This corporation has liability for i		x under s	199.032,	
ו . ו	25	29		30	.	.,	, jonala Clarine	₽ No			
	9. Name and Address of Cur	rent Regist	tered Agent				10. Name and Address of New R	legistered	Agent		
					81	Name					
HOUSKER, CHERYLL 60 SOCO TRAIL					82	Street Add	dress (P.O. Box Number is Not Acceptable)				
ORMOND BEACH FL 32174					83						
					84	City		FL	B5 Zı	Code	
familiar with SIGNATURE	grand type or parties at regulary	Hu	Mar alla	ONDTE PERMI	n A ye	y/)	ation submits this statement for the purify of directors. I hereby accept the app	DATE	6-7	φ	
12.		AND DIREC		13.			ADDITIONS/CHANGES TO OFF		DIRECTO	Addition	
ITLE	CP		DELETE		TIT(F				∭ Cilai-ûs	Manitio:	
AME	LAMOTTE, LESTER				IAME	Ì					
TREET ADDRESS	P.O. BOX 730734			L		r address					
CITY-ST-ZIP	ORMOND BEACH FL		TT DELETE		HTLF	S1-ZIP			Change	☐ Additio	
TITLE	CST CUEDVIL		Occur		MAME:				9-		
NAME	HOUSKER, CHERYLL					1 ADDRESS					
STREET ADDRESS	60 SOCO TRAIL ORMOND BEACH FL 3	2174				\$1-7IP					
CITY-ST-ZIP TITLE	ONMOND DEACH FL 3	6117	DELETE		TIT.E				Change	Addition	
NAME					NAME						
STREET ADDRESS				3 3	STREE	T ADORESS					
CITY-ST-ZIP						ST - ZIP					
TITLE			DELETE		TITLE				Change	Additio Additio	

6.4 CITY - S1 - 7IP CITY-ST-ZIP 64.11 St. 2P
14. I do hereby certify that the information supplied with this fling 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 armus' report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under early that I am an officer or director of the corporation or the receiver of trusted empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13) i charged, or on an attackproint with an address

4.2 NAME

5 1 TITLE

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

DELETE

4.3 STREET ADDRESS

53 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - 7IP

4 4 CITY - \$1 - ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - ST-ZIP

CITY-ST-ZIP

CR2E034 (12/95)

Addition

Addition

☐ Change

Change