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Mar 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000004753 (9)

1. Corporation Name
FLUID MECHANICS, INC.



Principal Place of Business
4521 WEST 160TH ST.
CLEVELAND OH 44135-2666

Mailing Address
4521 WEST 160TH ST.
CLEVELAND OH 44135-2627

3. Date Incorporated or Qualified 09/14/1994
3a. Date of Last Report 04/05/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number 34-1025796
Applied For Not Applicable

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

23. Zip

Country

28. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

24. Zip

Country

29. Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, 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 PTD ☐ DELETE

NAME DILLS, ROBERT E
STREET ADDRESS 4521 WEST 160TH STREET
CITY-ST-ZIP CLEVELAND OH

11. TITLE ☐ Change ☐ Addition

TITLE V ☐ DELETE

NAME HARDY, JAMES D
STREET ADDRESS 4521 WEST 160TH STREET
CITY-ST-ZIP CLEVELAND OH

12. NAME

TITLE SD ☐ DELETE

NAME DILLS, PAMELA H
STREET ADDRESS 4521 WEST 160TH STREET
CITY-ST-ZIP CLEVELAND OH

13. STREET ADDRESS

TITLE V ☐ DELETE

NAME HARDY, RICHARD T
STREET ADDRESS 4521 WEST 160TH STREET
CITY-ST-ZIP CLEVELAND OH

14. CITY-ST-ZIP

TITLE V ☐ DELETE

NAME HARDY, THOMAS P
STREET ADDRESS 13801 CARLTON DRIVE
CITY-ST-ZIP DAVIE FL

21. TITLE ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME HARDY, RICHARD A
STREET ADDRESS 4521 WEST 160TH STREET
CITY-ST-ZIP CLEVELAND OH

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. CITY-ST-ZIP

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

64. 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-25-97 216-362-7800

Date Daytime Phone #

CR2E034 (9/96)