


**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90010 022 \*\*\*550.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F98000005849</b> 1. Corporation Name <b>WHOLESALE RADIATOR WAREHOUSES OF AMERICA, INC.</b>			
Principal Place of Business 80 VERONICA AVENUE SOMMERSET NJ 08873		Mailing Address 80 VERONICA AVENUE SOMMERSET NJ 08873	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		3. Date Incorporated or Qualified	
21		10/20/1998	
2a. Mailing Address		4. FEI Number	
26		16-1549977	
Suite, Apt. #, etc.		Applied For	
22		Not Applicable	
City & State		5. Certificate of Status Desired	
23		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		6. Election Campaign Financing	
24		<input type="checkbox"/> Trust Fund Contribution <input type="checkbox"/> Yes <input type="checkbox"/> No	
Country		8. This corporation owes the current year	
25		<input type="checkbox"/> Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No	
26		27	
27		28	
28		29	
29		30	
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	CD <input type="checkbox"/> DELETE	1.1 TITLE	CEO, DIRECTOR <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDER, PAUL J	1.2 NAME	
STREET ADDRESS	56230 OLD LAKESHORE ROAD	1.3 STREET ADDRESS	
CITY-STATE-ZIP	LAKEVIEW NY	1.4 CITY-STATE-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARICO JR, ANTHONY	2.2 NAME	
STREET ADDRESS	17 PEPPERMINT HILL ROAD	2.3 STREET ADDRESS	
CITY-STATE-ZIP	NORTH BRUNSWICK NJ	2.4 CITY-STATE-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, MARK S	3.2 NAME	JEFF Kennedy
STREET ADDRESS	228 GARRY DRIVE	3.3 STREET ADDRESS	2775 BROADWAY suite 6
CITY-STATE-ZIP	WEST-SENECA NY	3.4 CITY-STATE-ZIP	BUFFALO, NEW YORK 14227-1060
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	PATRIC SHERRY, JR.
STREET ADDRESS		4.3 STREET ADDRESS	2775 BROADWAY suite 6
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	BUFFALO, NEW YORK 14227-1060
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	ASST TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ANN MARIE PETACH
STREET ADDRESS		5.3 STREET ADDRESS	2775 BROADWAY suite 6
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	BUFFALO, NEW YORK 14227-1060
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE:		7/2/99 732 828-5656	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (5/99)