## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1998

FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # G64328 (9)

## **FILED** Apr 14 1998 8:00am Secretary of State

SOUTH	iern Thermography Co	ORP.						
Principal Place of Business Mailing Address						- L CADITILI ARBIR BYELL ARBUR STATE LERBY RETY DERIY ART	ili minii £4041 midi	ti Dibit ibbi
1361 NE 103RD ST 1361 NE 103RD ST								
MIAMI SHORES FL 33138-2623 MIAMI SHORES FL 33138-91				823		DO MOT MOUTE IN THE	00105	
US						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualified		
2. Principal Place of Business 2a. Mailing Address						10/10/1983 4. FEI Number		pplied For
21 26			01000			59-2359755	1	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.							<del></del>	Additional
22						5. Certificate of Status Desired		equired
City & State	e	City & State	ity & State			6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country Zip Co		untry		8. This corporation owes or has paid the co	urrent year Int	tangible	
24	25 29 30		30			Personal Property Tax due June 30.		No
9, Name and Address of Current Registered Agent						10. Name and Address of New Registered	i Agent	
	ERONI, DONALD L.			81	Name			ľ
1361 NE 103RD ST				82	Street Addre	ss (P.O. Box Number is Not Acceptable)		
MU	MI SHORES FL 33138-9623			83				
				"				
<u> </u>				84	City	Fi	<b>85</b> Zip (	Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607 1508. Elorida Statu	ites the a	bove-	-named corno			ts registered
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 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 regist agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.								registered
1	m tamiliar with, and accept the oblic	jations of, Section 607.0505, F	iorioa Siai	tutes.	•			
SIGNATURE	Signature, typod or printed name of registered ag	on) and title if applicable (NC	TE Registere	d Agen	t signature require	d when reinsiating) DATE		——— \ <u>.</u>
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	3S IN 12
TITLE	P	☐ DELETE 1.1 T		TLE			Change	Addition
NAME	SPERONI, DONALD	1.24		AME				];
STREET ADDRESS	1361 N.E. 103 STREET	1.38		TREET A	ADDRESS			18
CITY-ST-ZIP	MIAMI SHORE FL			1.4 CITY-ST-ZIP				
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NAME				2.2 NAME				}
STREET ADDRESS			2.3 STREET ADDRESS			v e		
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TITLE		L DELETE	3.1 TITLE 3.2 NAME		}		Change	Addition
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TITLE	DELETE 4.17			-711		Change	Addition	
NAME			4 2 NAME					
STREET ADDRESS					NODRESS			
CITY-ST-ZIP			4.4 CITY-S					
TITLE		DELETE	5.1 T/				Change	Addition
NAME			5.2 NA	AME				1
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CFTY-ST-ZIP			5.4 CI	TY-ST	- ZIP			
TITLE		DELETE	6.1 Tr	7LE			Change	Addition
NAME			6.2 NA	AME				
STREET ADDRESS			6.3 ST	TREET A	DDRESS			Į
CITY-S1-ZIP				TY-\$1-				
I14L Ibereb∨c	ertity that the information supplied v	ith this filma does not avalify:	for the eve	amotic	on etated in S	Section 119 07/3)(i) Florida Statutes, Liuriber o	artifu that the	information

remetry 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 supplimental 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 ay address.