

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **H72773** (5)

1. Corporation Name
MODINE SOUTHEAST, INC.



Principal Place of Business Mailing Address
**% CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

3. Date Incorporated or Qualified **08/23/1985** 3a. Date of Last Report **02/07/1995**
4. FEI Number **59-1632285** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. State, Apt. #, etc. 26. State, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip
24. Country 25. Country 29. Country 30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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, of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS DELETE
TITLE NAME STREET ADDRESS CITY- ST- ZIP
CD SAVAGE, R. T. 21 LAKEWOOD DRIVE RACINE WI
VD JOHNSON, D. R. 5510 INDEPENDENCE ROAD RACINE WI
P BAKER, M.G. 30631 CEDAR DR BURLINGTON WI
VD PAVLICK, W.E. 103 OLD PINE CIRCLE RACINE WI
VT REID, A. D. 1534 COLLEGE AVE RACINE WI
S ZAKOS, D.R. 5511 CITATION LANE RACINE WI

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
1.1 TITLE 12 NAME
1.2 NAME 13 STREET ADDRESS
1.3 STREET ADDRESS 14 CITY- ST- ZIP
2.1 TITLE 22 NAME
2.2 NAME 23 STREET ADDRESS
2.3 STREET ADDRESS 24 CITY- ST- ZIP
3.1 TITLE 32 NAME
3.2 NAME 33 STREET ADDRESS
3.3 STREET ADDRESS 34 CITY- ST- ZIP
4.1 TITLE 42 NAME
4.2 NAME 43 STREET ADDRESS
4.3 STREET ADDRESS 44 CITY- ST- ZIP
5.1 TITLE 52 NAME
5.2 NAME 53 STREET ADDRESS
5.3 STREET ADDRESS 54 CITY- ST- ZIP
6.1 TITLE 62 NAME
6.2 NAME 63 STREET ADDRESS
6.3 STREET ADDRESS 64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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 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 its 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:

[Handwritten Signature]

2/16/96

(414) 636-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)