

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

FILED

Apr 14 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 # J69314 (9)
1. Corporation Name
J & M RADIATOR COMPANY, INC.

Principal Place of Business
1320 WEST 29TH STREET
ORLANDO FL 32805

Mailing Address
1320 WEST 29TH STREET
ORLANDO FL 32805-6116



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/24/1987	3a. Date of Last Report 04/17/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2796428	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

BORKOVICH, JOSEPH A.
1320 WEST 29TH STREET
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORKOVICH, JOSEPH A.	1.2 NAME	
STREET ADDRESS	947 FLORIDA PARKWAY	1.3 STREET ADDRESS	3236 ANTHONY DR.
CITY- ST- ZIP	KISSIMMEE FL	1.4 CITY- ST- ZIP	ST. CLOUD, FL 34771-2772
TITLE	DV	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORKOVICH, MICHAEL A.	2.2 NAME	
STREET ADDRESS	947 FLORIDA PARKWAY	2.3 STREET ADDRESS	2475 PRIMERO CT., #32
CITY- ST- ZIP	KISSIMMEE FL	2.4 CITY- ST- ZIP	KISSIMMEE, FL 32746
TITLE	DS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORKOVICH, FAITH J.	3.2 NAME	
STREET ADDRESS	947 FLORIDA PARKWAY	3.3 STREET ADDRESS	3236 ANTHONY DR.
CITY- ST- ZIP	KISSIMMEE FL	3.4 CITY- ST- ZIP	ST. CLOUD, FL 34771-2772
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 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: Faith Borkovich
DATE: 4-9-97
DAYTIME PHONE: 407 422-8501

CR2E034 (9/96)