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

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Santia B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L84275

TEMPERATURE DESIGN, INC.

(1)

····	Mailing Address
	205 NE 33RD STREET

## **FILED** Jun 11 1997 8:00am Secretary of State



FT LAUDERDA	6 Mee 1 LE FL 33334	FT LAUDERDALE FL		ļ	
				3. Date Incorporated or Qualified 06/29/1990	3a. Date of Last Report 01/22/1996
	lace of Business	2a. Mailing Address	3	4. FEI Number	Applied For
21		26		65-0202964	Not Applicable
Sulte, Apt.	#, etc.	Suite, Apt. #, et	C.	5. Certificate of Status Desired	\$8.75 Additional
22		27 City & State			Fee Required
City & State	5			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country		Country	8. This corporation has liability for	
24	25	29	30		Yes • No
<del></del>		s of Current Registered Agent		10. Name and Address of New Re	
SHAER, LEN 205 NE 33RD STREET FT LAUDERDALE FL 33334  81 Name KEN RENDE 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City 85 Zip Code					
office or r	egistered agent, or both, m familiar with, and acce	in the State of Florida. Such change pt the obligations of, Section 607.05	was authorized by the core	Corporation submits this statement for the poration's board of directors. I hereby acception	pt the appointment as registered
SIGNATURE	KEN KEN	DE Street agent and title 4 applicable.	(NOTE: Registered Agent signature	Came	6-4-97
12.		FICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELET		RES JEEC	☐ Change ☐ Addition
NAME	SHAER, LEONARD		1.2 NAME	KEN RENDE	
STREET ADDRESS	8602 NW 79TH ST		1.3 STREET ADDRESS	1142 WATERVIEW LE	ine.
CITY-ST-ZIP	TAMARAC FL		1.4 CITY - ST - ZIP	FT. LAUGEADALE FL	
TIME	ST	DELE1			Change Addition
NAME	rende, ken		2.2 NAME		
STREET ADDRESS	1142 WATERVIEW L	ANE	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE F	L	2.4 CITY-ST-ZIP		
TITLE		☐ DELET	E 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		Í
CITY-ST-ZIP			3.4. CHY-\$1-ZIP		
TITLE		☐ DELET	E 41 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STRFFT ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELET	E 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	•	İ
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELET	E 6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - S1 - ZIP		

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

KENDIE

4-29-97

902/- 125-2866