

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 31 PM 2:58

DOCUMENT # **M81030** (2)

1. Corporation Name

**TOSCHI COOLING TOWER PRODUCTS, INC.**

Principal Place of Business

5413 W SLIGH AVE  
TAMPA FL 33634  
US

Mailing Address

5413 W. SLIGH AVENUE  
SUITE 100  
TAMPA FL 33634  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **05/16/1988** 3a. Date of Last Report **08/05/1994**

4. FEI Number **59-2890996** Applied For  Not Applicable

2. Principal Place of Business

21

2a. Mailing Address

26

**P.O. Box 27148Z**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

**TAMPA FLORIDA**

24 Zip 25 Country

29 Zip 30 Country

**33688 USA**

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

9. Name and Address of Current Registered Agent

**TREUBERG, HEINZ D.  
3411 CULLEN DALE DR.  
TAMPA FL 33618**

10. Name and Address of New Registered Agent

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PT</b>
NAME	<b>TREUBERG, HEINZ DIETER</b>
STREET ADDRESS	<b>3411 CULLENDALE DR.</b>
CITY-ST-ZIP	<b>TAMPA FL</b>
TITLE	<b>D</b>
NAME	<b>KLAUSS, HEIKO</b>
STREET ADDRESS	<b>GRAZER STASSE 2</b>
CITY-ST-ZIP	<b>BREMEN 1 GERMANY</b>
TITLE	<b>S</b>
NAME	<b>GODE, HELMUT</b>
STREET ADDRESS	<b>GRAZER STASSE 2</b>
CITY-ST-ZIP	<b>BREMEN 1 GERMANY</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 110.07(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 the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in block 12 or 13, if changed, or on an attachment with an address.

SIGNATURE:

*Heinz D. Treuberg*  
HEINZ D. TREUBERG

1/25/95

813/885-5085