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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M81030

(2)

DOCUMENT #
1. Corporation Name TOSCHI COOLING TOWER PRODUCTS, INC.

Mailton Address Mailton Address P.O. Box 21462 SUTE 100 TAMPA R. 33884 US 2a. Mailton Address										
Suffer Ago Suffe	Principal Place of Business Mailing Address							ikai goit ateti gigit ei	JII DIDII AIBII DII	
## April 1986 Control Place of Business 2a Mailing Address 2a Mailing Address 2a April 1986 Control St. P. 1985 S. Certification Campaign Flace St. P. 28900996 May Application of Status Desired St. P. 28900996 May Application May Applicate St. P. 28900996 St. P. 289009996 St. P. 28900996 St. P. 289009996 St. P. 2890	5413 W SLIGH AVE TAMPA FL 33634		P.O. BOX 271482 SUITE 100 TAMPA FL 33688							
28	L					3. Date incorporated or Qualified 05/16/1988	3a. Date of La 01/3	st Report 1/1995		
City & State Ci		ace of Business					4. FEI Number 59-2890996			
28	22			27			5. Certificate of Status Desired	1 1		
28	23		28	28			, , ,			
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TREUBERG, HEINZ D. 3411 CUILLEN DALE DR. TAMPA FL 33618 82 Street Address (P.O. Box Number is Not Acceptable) 83 City		9. Name and Address of Curre	nt Registered Agent		Ι		10. Name and Address of New F	Registered Agen	ł	
3411 CUILEN DALE DR. TAMPA FL 33618 83 63 84	TOCIA	PERO UEINIZ D			81	Name				
TAMPA FL 33618 83 84 City FL 85 Zip Code 11. Existent 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 registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes, SIGNATURE Signature. Proficers AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. Proficers AND DIRECTORS IN 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14. IT					82	Street Addre	ress (P.O. Box Number is Not Acceptable)			
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certify that the information indicated on this agrued report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the confortation 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: