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 # **P93000051255 (6)**

1. Corporation Name
ATLANTIC RADIATOR, INC.

Principal Place of Business
2777 N. DIXIE HWY
WILTON MANORS FL 33334
US

Mailing Address
2132 N. ANDREWS AVENUE
WILTON MANORS FL 33311

3. Date Incorporated or Qualified: **07/16/1993**
3a. Date of Last Report: **02/14/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26 2777 N. Dixie Hwy
Suite, Apt. #, etc. — 27
City & State — 28 WILTON MANORS
Zip — 29 33334 Country — 30 Broward

4. FEI Number: **65-0431285** ☐ 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

9. Name and Address of Current Registered Agent
STAROPOLI, NICHOLAS
2777 N. DIXIE HWY
WILTON MANORS FL 33334

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers 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 date of signature) (Note: Registered Agent Signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	STAROPOLI, NICHOLAS	1.2 NAME	
STREET ADDRESS	6560 NW 25TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SUNRISE FL 33313	1.4 CITY-ST-ZIP	
TITLE	VSD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	FAUSETT, TODD A	2.2 NAME	
STREET ADDRESS	449 NW 40 CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 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 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: Nicholas Staropoli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/96 Date

954 581-2270 Daytime Phone #

CR2E034 (12/95)