

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

**FILED**

**Feb 26 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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

**DOCUMENT # P93000051255 (6)**  
1. Corporation Name  
**ATLANTIC RADIATOR, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
**4208 NE 5 AVE  
OAKLAND PARK FL 33334  
US**

Mailing Address  
**4208 NE 5 AVE  
OAKLAND PARK FL 33334  
US**

3. Date Incorporated or Qualified  
**07/16/1993**

4. FEI Number  
**65-0431285**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business

21 Suite, Apt #, etc

22 City & State

23 Zip Country

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt #, etc

27 City & State

28 Zip Country

29 Zip 30 Country

9. Name and Address of Current Registered Agent

**STAROPOLI, NICHOLAS  
4208 NE 5 AVE  
OAKLAND PARK FL 33334**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL 85**

10. Name and Address of New Registered Agent

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) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                                | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--------------------------------|---|---|
| TITLE                      | <b>PTD</b>                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>STAROPOLI, NICHOLAS</b>     | 1.2 NAME  |   |
| STREET ADDRESS             | <b>178 NW 74 AVE</b>           | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>PLANTATION FL 33137</b>     | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <b>VSD</b>                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>FAUSETT, TODD A</b>         | 2.2 NAME  |   |
| STREET ADDRESS             | <b>449 NW 40 CT.</b>           | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>FT. LAUDERDALE FL 33309</b> | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                                | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                | 3.2 NAME  |   |
| STREET ADDRESS             |                                | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                | 3.4 CITY-ST-ZIP                                       |   |
| 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 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 in an attachment with an address

SIGNATURE: *Nicholas Staropoli* 2/21/98 954-561-2270

CF2E034 (10/97)