**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000051255

1. Corporation Name

ATLANTIC RADIATOR, INC.

Principal Place of Business	Mailing Address		
4208 NE 5 AVE OAKLAND PARK FL 33334 US	4208 NE 5 AVE OAKLAND PARK FL 33334 US	•	·

## Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90039 027 \*\*\*150.00



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Principal Place	e of Business	Mailing Address					F) @?LØ(	TOT OTHER BILL TOOL
4208 NE 5 AVE		4208 NE 5 AVE			•			
OAKLAND PARK		OAKLAND PARK FL 33334	<b>,</b>					
บร		US				DO NOT WRITE IN TH	S SPACE	
						3. Date Incorporated or Qualifed 07/16/1993		
2. Principal Pl	lace of Business -	2a. Mailing Address				4. FEI Number		Applied For
21		26				65-0431285		Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	-			5. Certifcate of Status Desired	\$8.75	Additional
22	•	27		_		5. Certificate of Status Desired	Fee	Required
City & State	e	City & State				6. Election Campaign Financing	\$5.0	May Be
23	r	28				Trust Fund Contribution	Adde	d to Fees
Zip	Country	Zip	Cour	try		8. This corporation owes the current year I		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registere	d Agent	
			T	81	Name			
1	ROPOLI, NICHOLAS		-	82	Street Address	ss (P.O. Box Number is Not Acceptable)		
4208	S NE 5 AVE		}	°2	Street Addres	SS (F.O. DOX Number is Not Acceptable)		İ
OAK	LAND PARK FL 33334		}	83				
l	•		Į	$\bot$				
ĺ				84	City	F	85  Zi	p Code
í office or n	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was a	authorized	by ir	named corporation	ration submits this statement for the purpose a's board of directors. I hereby accept the app	of changing ointment as	its registered registered
O O O O O O O O O O O O O O O O O O O	Signature, typed or printed name of registered age	ent and title if applicable. (NOT	E: Registered /	Agent s	signature required			
12.	OFFICERS AI	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIDEC	TORS IN 12
l 1						ADDITIONS/OFFAITURE TO OFF TOLERO		
III/E }	PTD	☐ DELETE	1.1 T/17	E		ADDITIONOJO JANGEO 10 OTT IOERO	Chang	
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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 on any attachment with any address, with all other like empowered.

SIGNATURE:

QUIRED NAME OF SIGNING OFFICER OR DIRECTOR