

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90064 012 ***150.00

DOCUMENT # P94000034787

1. Corporation Name

THERMAL MECHANICAL SYSTEMS, INC.

Principal Place of Business

1561 SO. CONGRESS AVE.
UNIT #175
DELRAY BEACH FL 33445

Mailing Address

1561 SO. CONGRESS AVE.
UNIT #175
DELRAY BEACH FL 33445

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/05/1994

4. FEI Number

65-0490105

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GROMANN, GLENN E
439 NE 7TH AVE
FT LAUDERDALE FL 33301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVS ☐ DELETE

NAME LAMPARIELLO, LARRY G
STREET ADDRESS 209 BERKELEY AVE
CITY-ST-ZIP NEWARK NJ

TITLE DVP ☐ DELETE

NAME LAMPARIELLO, LARRY G
STREET ADDRESS 209 BERKELEY AVENUE
CITY-ST-ZIP NEWARK NJ 07107

TITLE DPT ☐ DELETE

NAME LAMPARIELLO, MARK
STREET ADDRESS 51 COEYMAN AVE
CITY-ST-ZIP NUTLEY NJ

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DVS ☒ Change ☐ Addition

1.2 NAME LARRY A. LAMPARIELLO
1.3 STREET ADDRESS 209 BERKELEY AVENUE
1.4 CITY-ST-ZIP NEWARK, NJ 07107

2.1 TITLE DVPT ☒ Change ☐ Addition

2.2 NAME LARRY G. LAMPARIELLO
2.3 STREET ADDRESS 209 BERKELEY AVENUE
2.4 CITY-ST-ZIP NEWARK, NJ 07107

3.1 TITLE CD ☒ Change ☐ Addition

3.2 NAME MARK LAMPARIELLO
3.3 STREET ADDRESS 51 COEYMAN AVENUE
3.4 CITY-ST-ZIP NUTLEY, NJ 07110

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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 on an attachment with an address, with all other officers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-25-99 973-483-1458

CR2E034 (1/98)