

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 # **P94000063261 (9)**

1. Corporation Name

ADVANCED TEMPERATURE TECHNICIANS INC.



Principal Place of Business

**13840 APPALACHIAN TRAIL
DAVIE FL 33325**

Mailing Address

**13840 APPALACHIAN TRAIL
DAVIE FL 33325**

3. Date Incorporated or Qualified
08/24/1994

3a. Date of Last Report
02/13/1995

2. Principal Place of Business

21 **10263 NW 53rd St**
Suite, Apt. #, etc.

2a. Mailing Address

26 **10263 NW 53rd St**
Suite, Apt. #, etc.

4. FEI Number
65-0512119

Applied For
☐ Not Applicable

22 City & State

23 **Sunrise, FL**
City State

27 City & State

28 **Sunrise, Florida**
City State

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

24 **33351**

25 **Broward**

29 **33351**

30 **Broward**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ARNESON, RICKY A.
13840 APPALACHIAN TRAIL
DAVIE FL 33325**

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 **P** ☐ DELETE

NAME **ARENSEN, RICKY A.**
STREET ADDRESS **13840 APPALACHIAN TRAIL**
CITY- ST- ZIP **DAVIE FL**

TITLE **VPST** ☐ DELETE

NAME **ARNESON, MARGARET**
STREET ADDRESS **13840 APPALACHIAN TRAIL**
CITY- ST- ZIP **DAVIE FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

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 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: **Margaret Arneson - Vice President** **3-7-96** **954.741-1880**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)