FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State

APPROVED
AND
FILED

95 MAY -1 PM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S48624** **(8)**

1. Corporate Name
AMERICAN THERMOFORMING, INC.

Principal Place of Business
1712 NORTHGATE BLVD
SARASOTA FL 34234

Mailing Address
1712 NORTHGATE BLVD
SARASOTA FL 34234

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/29/1991	3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0260926	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. 199.06, Florida Statutes. Yes / No	

2. Principal Place of Business (21–25)
2a. Mailing Address (26–30)

9. Name and Address of Current Registered Agent

BLOMSTER, RAINER T.
1712 NORTHGATE BLVD.
SARASOTA FL 34234

10. Name and Address of New Registered Agent

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 617.0502, 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. ...

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	C
NAME	BLOMSTER, RAINER T.
STREET ADDRESS	1712 NORTHGATE BLVD.
CITY-ST-ZIP	SARASOTA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

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)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0340467 CP