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PROFIT
CORPORATION
ANNUAL REPORT
1998

DOCUMENT #
1. Corporation Name
NEW THERMAL TEC



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED
May 01 1998 8:00am
Secretary of State

| DOCUI | MENT n Name | # V12503 | 3 | (1) | | | | | | | | |
|--|----------------------|--|----------------|---|-----------|--------------------------|-----------------|-----------------------------------|--|---------------------|-----------------|--|
| , p | - | TECHNOLOGIES, | INC. | | | | | | | | | |
| | | | | | | | | | | | | |
| Principal Place of Business | | | | Mailing Address | | | | | | ANT OFORK DIBAH DII |) (| |
| 12900 AUTOMOBILE BLVD | | | | 12900 AUTOMOBILE BLVD. | | | | | | | | |
| -CLDG: G | | | _ | BLOG. G | | | | | DO NOT WRITE IN THIS | SPACE | | |
| CLEARWATER FL 34622 | | | | CLEARWATER FL 34622 | | | | | 3. Date Incorporated or Qualified | | | |
| | | | | | | | | | 02/07/1992 | | | |
| 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number | <u> </u> | pplied For | |
| 21 | | | | Suite, Apt. #, etc. | | | | | 59-3104518 | | lot Applicable | |
| Suite, Apt. #, etc. | | | | SUITE 6 | | | | | 5. Certificate of Status Desired | + | Additional / | |
| City & State | | | | City & State | | | | | 6. Election Campaign Financing | |) May Be | |
| 23 | | | | 28 | | | | | Trust Fund Contribution | | to Fees | |
| Zip 24 337 | 762 | | | 29 33762 COU | | | 1 | 8. This corporation owes or has p | | | | |
| 24 337 | | and Address of Curren | 29 t Regis | | 30 | | | | Personal Property Tax due June 30. 10. Name and Address of New Registered | | | |
| ٧n | | | . , , , , | | | 81 | Namo | | 10. | | | |
| YOHO, ROBERT 12900 AUTOMOBILE BLVD. | | | | | | 82 | 82 Street Addre | | ss (P.O. Box Number is Not Acceptable) | | | |
| BLDG: G | | | | | | | | | do (1.0. Box 14 mileo) | | | |
| CL | 83 SUIT | | | SUI | TE. | G | | | | | | |
| 1 | | | | | | 84 | F | | F | 85 Zip | Code | |
| 11 Pursuent | to the provis | uons of Sections 607.0502 | 2 and £ | 07 1508 Florida Sta | tutes, th | e abov | e-named | COFDO | ration submits this statement for the purpose | of changing i | its registered | |
| office or r | ogistered ag | gent, or both, in the State | of Florin | da Such change wa L Section 607 0505 | as author | rized by Statute | y the corp | oratio | on's board of directors. I hereby accept the ap- | pointment as | registered | |
| SIGNATURE | | ,, <u>.</u> <u>.</u> <u>.</u> <u>.</u> | | ., | | | | | | | | |
| | Signature types | for pricted name of registered ager | | | | | ent signature | required | d when reinstating) OA1E | D DIDECTO | 00.111.40 | |
| 12. TITLE | PD | OFFICERS AND |) DHG (| DELETE | | 13. 1.1 TITLE | —— | | ADDITIONS/CHANGES TO OFFICERS AN | DIRECTOR Change | Addition | |
| NAME | YOHO, ROBERT W | | | 12 N | | | ļ | | | | | |
| STREET ADDRESS | 24.4 E0.10111 D1.40E | | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP | | NATER FL | | | | 1.4 CITY - S | - 1 | | | | | |
| TITLE | D | | | DELETE | 2 | 2.1 TITLE | | | | Change | ☐ Addition | |
| NAME | | LO, SALVATORE A | | | II - | 2.2 NAME | | | | | | |
| STREET ADDRESS | 7129 M | | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | D | BELT MD | | DELETE | | 2. 4 CITY - 3.1 TITLE | ST-ZIP | | | Change | Addition | |
| NAME | | , TERRY | | Orcell | - 1 | 3.2 NAME | } | | | თენ | | |
| STREET ADDRESS | 59 09 A | LOOR | | | | ADDRESS | | | | | | |
| CITY-ST-ZIP MOBILE AL | | | | 3.4. CI | | | ľ | | | | | |
| TITLE | | | | DELETE | | 4.1 TITLE | | | | Change | ☐ Addition | |
| NAME | | | | | 4 | 4. 2 NAME | ì | | | | } | |
| STREET ADDRESS | | | | | 4 | 4.3 STREE1 | ADDRESS | | | | | |
| CITY-ST-ZIP | | | | T percent | _ | 4.4 CITY - S | T-ZIP | | | | 17.85 | |
| TITLE | | | | ☐ DELETE | | 5.1 TITLE | | | | Change | Addition | |
| NAME STORET ADDRESS | | | | | | 5.2 NAME | Annaree | | | | ļ | |
| STREET ADDRESS | 36.7 | | | | | 5.3 STREET 5.4 CITY-5 | ADDRESS | | | | | |
| TITLE | | | | ☐ DELETE | | 6.1 117LE | n-ur | | | Change | Addition | |
| NAME | 16 | | | | | S.2 NAME | | | | 3. | | |
| STREET ADDRESS | ٠. | | | | | | ADDRESS | | | | i | |
| CITY-ST-ZIP | | | | | 1 | 6.4 CITY - S | ì | | | |] | |
| | ertify that th | e information supplied wi | th this f | uling does not qualify | | | | d in S | ection 119.07(3)(i), Florida Statutes, I further | certify that the | e information | |

4. 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 hie 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 or an attachment with an address.