

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V36567** (8)

1. Corporation Name
THERMAL DYNAMICS INTERNATIONAL, INC.



Principal Place of Business: **C/O RHONDA MOORE, 10879 METRO PARKWAY, FORT MYERS FL 33912**
Mailing Address: **C/O RHONDA MOORE, 10879 METRO PARKWAY, FORT MYERS FL 33912**

3. Date Incorporated or Qualified: **05/18/1992** 3a. Date of Last Report: **01/17/1995**
4. FEI Number: **65-0366889** 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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 State, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**MOORE, RHONDA
10879 METRO PARKWAY
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: **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 officer 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: _____ DATE: _____
(NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	PAGE, STEPHEN L.	
3. STREET ADDRESS	10879 METRO PARKWAY	
4. CITY-STATE-ZIP	FORT MYERS FL	
5. TITLE	VD	<input type="checkbox"/> DELETE
6. NAME	COLLINS, DAVID	
7. STREET ADDRESS	10879 METRO PARKWAY	
8. CITY-STATE-ZIP	FORT MYERS FL	
9. TITLE	ST	<input type="checkbox"/> DELETE
10. NAME	MOORE, RHONDA	
11. STREET ADDRESS	10879 METRO PARKWAY	
12. CITY-STATE-ZIP	FORT MYERS FL	
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		
17. TITLE		<input type="checkbox"/> DELETE
18. NAME		
19. STREET ADDRESS		
20. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I 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: *Rhonda Moore* Rhonda Moore 2/8/96 (941) 275-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)