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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # 421669

HARBORSIDE REFRIGERATED SERVICES, INC.

				<u></u> .			
Principal Place of Business Mailing Address							
701 S.E. 24TH STREET 701 S.E. 24TH STREET					·		
FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 3331			;		DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					03/21/1973		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 26					59-1457314		Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 A	
27						Fee Rec	
City & State		City & State		6. Election Campaign Financing	\$5.00 (Added to	.,	
23		Zip Country		Trust Fund Contribution		rees	
Zip	Country	Zip 30	¬ .	'	This corporation owes the current year Personal Property Tax.		□No
24	9. Name and Address of Current	_ 	<u>''</u>		10. Name and Address of New Register		
	9. Name and Address of Current	Registered Agent	81	Name	10. 1101110 0110 7.001000 07.1001		
DEU:	SCHLE, BRIAN C			<u> </u>	John F. Foley		
800 SE 3RD. AVE.			82	Street Ad	dress (P.O. Box Number is Not Acceptable) 701 SE 24th Street		
FIFTH FLOOR			83		701 SL 24(11 Street		
FOR	T LAUDERDALE FL 33316			<u> </u>			\- <u>-</u>
			84	City	Fort Lauderdale,	85 Zip C	316
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 rundifice 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.							registered
office or re	egistered agent, or both, in the State of	of Florida. Such change was auth- ions of Section 607.0505. Florida	orized by a Statutes	the corpora	ation's board of directors. I hereby accept the a	pointment as reg	gisterea
	112				2/4/	99	-
SIGNATURE	Signature, theed or printed name of registered agent	and title if applicable (NOTE Re-	gistered Age	nt signature requ	ired when reinstating) DATE	1	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D	☐ DELETE	1.1 TITLE		•	Change	☐ Addition
NAME	HVIDE, HANS J J		12 NAME				
STREET ADDRESS			1.3 STREET ADDRESS				
CITY-ST-ZIP			1.4 CITY-ST-ZIP			☐ Change	Addition
TITLE	PD DELETE		2.1 TITLE			Charge	☐ Youngon
NAME	NOVACEK, ARTHUR C		2.2 NAME		•		
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP	FT. LAUDERDALE FL 33316		2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE			3.1 TITLE			change	
NAME	7 0227, 007		3.2 NAME				}
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			3.4. CITY-1	ST-ZIP	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE							
NAME			4. 2 NAME	i			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-5 5.1 TITLE	51-ZIP		☐ Change	Addition
TITLE			5.1 HILE 5.2 NAME				
NAME				T ADDRESS			
STREET ADDRESS			5.4 CITY-8	1			
CITY-ST-ZIP		☐ DELETE	6.1 TITLE			Change	Addition
17754		<u> </u>	-			•	- 1

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 total 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 like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: __

NAME

STREET ADDRESS

CITY-ST-ZIP

John F. Fole

ebruary 4, 1999

(954) 525-3381

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90242 015 ***150.00