


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

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Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90004 036 ***158.75

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819265

1. Corporation Name
LEWIS REFRIGERATION CO.

Principal Place of Business 200 MAPLEWOOD STREET MALDEN MA 02148	Mailing Address 200 MAPLEWOOD STREET MALDEN MA 02148
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/04/1966	
21	26	4. FEI Number 91-0673306		Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SCRIVEN, LANSING C 2700 BARNETT PLAZA 101 EAST KENNEDY BLVD. TAMPA FL 33601-1102				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCLEOD, S. D.	1.2 NAME	MCLEOD, S. D.
STREET ADDRESS	65 VILLIES ST	1.3 STREET ADDRESS	65 VILLIERS ST.
CITY-ST-ZIP	TORONTO ON M5A 3	1.4 CITY-ST-ZIP	TORONTO ON M5A 3S1
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORENSEN, HUGO	2.2 NAME	SORENSEN, HUGO
STREET ADDRESS	ONE CROTHERS DR	2.3 STREET ADDRESS	3131 HIGHWAY 7 WEST
CITY-ST-ZIP	CONCORD ON M5A 3	2.4 CITY-ST-ZIP	CONCORD ON L4K 1B7
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARAVI, ANNA	3.2 NAME	
STREET ADDRESS	3143 E. FAWNWOOD COVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANDY UT 84092	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILL, WAYNE	4.2 NAME	
STREET ADDRESS	7 PRINCESS ANNE CRESCENT	4.3 STREET ADDRESS	
CITY-ST-ZIP	ETOBICOKE, ONTARIO M9A -2N9	4.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	5.1 TITLE	AS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, GUY	5.2 NAME	RUSSELL, GUY
STREET ADDRESS	6909 HICKLING CRESCENT	5.3 STREET ADDRESS	1200 Conc. 4 RR 1
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5N -5B1	5.4 CITY-ST-ZIP	GOODWOOD, ON LOC 1A7
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE: Guy Russell Jan. 18/99 (416) 465-7581
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)