

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90235 035 ***150.00

0647086

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

DOCUMENT # P22403
 1. Corporation Name
UNITED REFRIGERATION, INC. OF PENNSYLVANIA



Principal Place of Business CARMEN D CAROSELLA VP. C.F.O. 11401 ROOSEVELT BLVD. PHILADELPHIA PA 19154	Mailing Address CARMEN D CAROSELLA VP. C.F.O. 11401 ROOSEVELT BLVD. PHILADELPHIA PA 19154
--	--

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 01/03/1989	4. FEI Number 23-1307731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
CRAIGE, JAMES P.
2400 N. W. 23RD STREET
MIAMI, FL 33142

10. Name and Address of New Registered Agent

81 Name PAT SMITH
82 Street Address (P.O. Box Number is Not Acceptable) 2400 N. W. 23rd. STREET
83
84 City MIAMI
85 State FL
86 Zip Code 33142

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 607.0905, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **1/12/99**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REILLY, JOHN H. JR.	
STREET ADDRESS	1310 MONTGOMERY AVE	
CITY-ST-ZIP	ROSEMONT PA	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	REILLY, ELIZABETH	
STREET ADDRESS	1310 MONTGOMERY AVENUE	
CITY-ST-ZIP	ROSEMONT PA	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HAWKINS, WILLIAM	
STREET ADDRESS	3109 W HAYES ROAD	
CITY-ST-ZIP	NORRISTOWN PA	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CAROSELLA, CARMEN D.	
STREET ADDRESS	220 CEDAR PLACE	
CITY-ST-ZIP	WAYNE PA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCFADDEN, JOHN P.	
STREET ADDRESS	28 GAELIC CT	
CITY-ST-ZIP	HOLLAND PA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HUNTOWSKI, JOSEPH S	
STREET ADDRESS	28 WOODBROOK ROAD	
CITY-ST-ZIP	VOORHESS NJ 08043	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *[Signature]* DATE: **1/12/99** DAYTIME PHONE #

CR2E034 (11/98)