

*** FILE NOW. FILING FEE AFTER MAY 1 IS \$225.00 ***

**CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name CHILLERS ORLANDO, INC.	DOCUMENT # P95000051659
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Mailing Address 7280-Hawksnest-Boulevard Orlando-Florida-32835-	Principal Place of Business 7280 Hawksnest Boulevard Orlando, Florida 32835
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DO NOT WRITE IN THIS SPACE

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address C/O Christopher 21 C. Brockman, Esquire	2a. Principal Place of Business
Suite, Apt. #, etc. 22 Post Office Box 633	Suite, Apt. #, etc. 27
City & State 23 Orlando, Florida	City & State 28
Zip 24 32802	Country 25 US
	Zip 29
	Country 30

3. Date Incorporated or Qualified 7/3/95	3a. Date of Last Report
4. FEI Number 58-2191076	Applied For Not Applicable
5. Certificate of Status Desired \$8.75	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
7. Nonprofit Exempt from \$138.75 Supplemental Fee <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**The Prentice Hall Corporation System, Inc.
Suite 105
1205 Hays Street
Tallahassee, FL 32301**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

11 TITLE	P/D
12 NAME	FARROW, DIRK LINDSAY
13 STREET ADDRESS	6156 Courtside Drive
14 CITY-ST-ZIP	Norcross, GA 30092
21 TITLE	D
22 NAME	TAYLOR, ROBERT DOUGLAS
23 STREET ADDRESS	7280 Hawksnest Blvd.
24 CITY-ST-ZIP	Orlando, FL 32835
31 TITLE	D
32 NAME	NOLEN, GARY
33 STREET ADDRESS	239 N. Harbor Drive
34 CITY-ST-ZIP	Redondo Beach, CA 90277
41 TITLE	D
42 NAME	ROCKER, WILLIAM G.
43 STREET ADDRESS	309 Maiden Lane
44 CITY-ST-ZIP	Sparta, GA 31087
51 TITLE	D
52 NAME	ROCKER, WALTER
53 STREET ADDRESS	301 Carriage Way
54 CITY-ST-ZIP	Eaton, GA 31024
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

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*****200.00**

14. I do 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 release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(k) in the event that the information supplied is deemed exempt from public access. 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. I certify that I have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes, 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an 119.07(3)(g).

SIGNATURE: *Dirk Lindsay Farrow*
DIRK LINDSAY FARROW, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(770) 446-5870

5-12-96