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FILED  
May 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000051659 (7)

1. Corporation Name

CHILLERS ORLANDO, INC.

Principal Place of Business

7280 HAWKSNEST BLVD.  
ORLANDO FL 32835

Mailing Address

C/O CHRISTOPHER C. BROCKMAN, ESQ  
PO BOX 633  
ORLANDO FL 32802-0633  
US

3. Date Incorporated or Qualified

07/03/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

58-2191076

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
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

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME FARROW, DIRK  
STREET ADDRESS 7280 HAWKSNEST BLVD.  
CITY-ST-ZIP ORLANDO FL 32835

TITLE D  
NAME TAYLOR, DOUG  
STREET ADDRESS 3101 PORT ROYALE BLVD., APT. 1134  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE D  
NAME NOLEN, GARY  
STREET ADDRESS 239 N. HARBOR DRIVE  
CITY-ST-ZIP REDONDO BEACH CA 90277

TITLE D  
NAME ROCKER, WILLIAM G  
STREET ADDRESS 400 MAIDEN LANE  
CITY-ST-ZIP SPARTA GA 31087

TITLE D  
NAME ROCKER, WALTER  
STREET ADDRESS 301 CARRIAGE WAY  
CITY-ST-ZIP EATON GA 31024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE VD  
2.2 NAME TAYLOR, DOUG  
2.3 STREET ADDRESS 7280 HAWKSNEST BLVD.  
2.4 CITY-ST-ZIP ORLANDO FL 32835

3.1 TITLE SD  
3.2 NAME NOLEN, GARY  
3.3 STREET ADDRESS 239 N. HARBOR DRIVE  
3.4 CITY-ST-ZIP REDONDO BEACH, CA 90277

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0063981

CR2E034 (9/96)