

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

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Roth  
Secretary of State  
DIVISION OF CORPORATIONS

95 MAY -1 PM 3:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P94000033617 (9)**  
1. Corporation Name  
**COOL ZONE AIR CONDITIONING AND REFRIGERATION INC**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>4971 NW 54TH STREET COCONUT CREEK FL 33073</b>	Mailing Address <b>4971 NW 54TH STREET COCONUT CREEK FL 33073</b>
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3. Date Incorporated or Qualified <b>05/03/1994</b>	3a. Date of Last Report
4. FEI Number <b>63-0487378</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent

**GRIDI, RAZIEL  
4971 NW 54TH STREET  
COCONUT CREEK FL 33073**

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, 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 \_\_\_\_\_

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
11. TITLE D	NAME GRIDI, RAZIEL STREET ADDRESS 4971 NW 54TH STREET CITY, ST, ZIP COCONUT CREEK FL 33073	13.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.2 NAME
11. TITLE D	NAME GRIDI, MICHELLE STREET ADDRESS 4971 NW 54TH STREET CITY, ST, ZIP COCONUT CREEK FL 33073	13.3 STREET ADDRESS	13.4 CITY, ST, ZIP
11. TITLE	NAME	13.5 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.6 NAME
11. TITLE	NAME	13.7 STREET ADDRESS	13.8 CITY, ST, ZIP
11. TITLE	NAME	13.9 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.10 NAME
11. TITLE	NAME	13.11 STREET ADDRESS	13.12 CITY, ST, ZIP
11. TITLE	NAME	13.13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.14 NAME
11. TITLE	NAME	13.15 STREET ADDRESS	13.16 CITY, ST, ZIP
11. TITLE	NAME	13.17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	13.18 NAME
11. TITLE	NAME	13.19 STREET ADDRESS	13.20 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 appointed to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61-8-91 205-574-020  
Date: \_\_\_\_\_