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

PROFIT CORPORATION **ANNUAL REPORT**

1998

NAME

TITLE NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthai

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000046746 (8)

ANY TASK REFRIGERATION, INC.

Principal Place of Business Mailing Address 10914 W SAMPLE ROAD 10914 W SAMPLE ROAD CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/23/1997 28. Mailing Address 26. 146/5.W. 124 Applied For 651 Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required \$5.00 May Be 6. Election Campaign Financing tompano Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the dyrrent year intangible KYOWAYO Personal Property Tax due June 30. Yes ☐ No 29 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent Name MORALES, JOHN J 10914 W SAMPLE ROAD Street Address (P.O. Box Number is Not Acceptable) **CORAL SPRINGS FL 33065** 83 R4 City Zip Code 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 Horida. 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 posted runne of regesterest agent and bile if applicable [NCI]£ Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TIFLE 1.1 TITLE 1.2 NAME NAME MORALES, JOHN J 10914 W SAMPLE ROAD 1.3 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33065** 1.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 21 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change ☐ Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE S 1 TITLE TITLE

14. Thereby 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 ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 if prantied or an an attrictment with an address. 1-15-98

5.2 NAME **5.3 STREET ADDRESS**

61 TITLE

6.2 NAME

DELETE

5.4 CITY-ST-ZIP

63 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

Addition

FILED

Feb 12 1998 8:00am

Secretary of State