

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 23, 1999 8:00 am**  
**Secretary of State**  
 08-23-1999 90009 043 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 161811

1. Corporation Name  
**NATIONAL FREEZERS INC**



Principal Place of Business  
 1849 NW 1ST AVE  
 MIAMI FL 33136  
 US

Mailing Address  
 P.O. BOX 015142  
 MIAMI FL 33101  
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/05/1950**

2. Principal Place of Business  
**2900 HIGH RIDGE ROAD**

2a. Mailing Address  
**PO BOX 3320**

4. FEI Number  
**59-0631134**

Applied For  
 Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

23. City & State  
**BOYNTON BEACH FL**

28. City & State  
**BOYNTON BEACH FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

24. Zip **33420** 25. Country **US**

29. Zip **33424** 30. Country **US**

8. This corporation owes the current year Intangible Personal Property.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FENDER, KIM E  
 1849 NW FIRST AVE.  
 MIAMI FL 33136

81 Name **KIM FENDER**  
 82 Street Address (P.O. Box Number is Not Acceptable) **2900 HIGH RIDGE ROAD**  
 83  
 84 **BOYNTON BEACH FL** 85 Zip Code **33426**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PST	<input type="checkbox"/> DELETE
NAME	FENDER, KIM E	
STREET ADDRESS	1849 N.W. 1ST AVENUE	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	FENDER, MARCUS C	
STREET ADDRESS	1849 NW 1ST AVE.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FENDER, T.D.	
STREET ADDRESS	1849 NW 1ST AVE.	
CITY-ST-ZIP	MIAMI FL 33136	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	KIM FENDER	
1.3 STREET ADDRESS	2900 HIGH RIDGE ROAD	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARC FENDER	
2.3 STREET ADDRESS	2900 HIGH RIDGE ROAD	
2.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
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.

SIGNATURE: *Kim E. Fender* **KIM E. FENDER** 8/11/99 561 585 0027

CR2E034 (5/99)