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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

207550

(5)

DOCUMENT #
1. Corporation Name FLORIDA FUR COLD STORAGE & CLEANING, INC.

411 - 19TH STREET SOUTH P.O. BOX 11507 ST. PETERSBURG FL 33733		Suite, Apt. #, etc. 27 Oity & State		3. Date Incorporated or Qualified 11/14/1957 3a. Date of Last Report 03/01/1995 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing \$5.00 May Be		
23		28	T 0	Trust Fund Contribution	Addec	to Fees
Ζιρ 24	Country 25	Z _[ρ]	Country	8. This corporation has liability for in Florida Statutes X Yes	itangible tax under s	199.032,
[4]	9. Name and Address of Current	. kaanaali oo	[30]	10. Name and Address of New Ro		
	h ST S Ersburg FL 33712		83 84 City	ess (P.O. Box Number is Not Acceptable)	FL 85 Zig) Code
familiar with,	, and accept the obligations of Sections of Sectins of Sections of Sections of Sections of Sections of Sections of	ਜ 607.0505, Florida Statutes	ed by the corporation's boards the Right and Agent schame resimilation.	rd of directors. Thereby accept the appo d আঁত্র rensering ADDITIONS/CHANGES TO OFFI	DAIE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PSALTIS, JOHN 411 19TH ST SOUTH ST PETERSBURG FL	DELETE	1 1 TITLE 1.2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST- 2IP		☐ Change	Addition
NAME STREET ADDRESS	D PSALTIS, HELEN 411 19TH ST SOUTH ST PETERSBURG FL	☐ DELETE	2 1 THLE 22 NAME 23 STREET ADDRESS 24 CHY-SH-ZIP		☐ Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CHY-ST-ZIP	D PSALTIS, BILL 411 19TH ST SOUTH ST PETERSBURG FL	☐ DELETE	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST- ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PSALTIS, MIA G. 411-19TH STREET, SOUTH ST. PETERSBURG FL	DELETE	4 1 THE 4 2 NAME 4.3 STREET ADDRESS 4.4 CUTY - ST- ZIP		☐ Change	Addition
THILE NAME STHEET ADDRESS CITY-ST-ZIP		□ DELETE	5 1 T-TLE 5 2 NAM5 5 3 STREET ADDRESS 5 4 C-TY-ST-ZIP		Change	Addition
THILE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETÉ	6 1 T.TLE 62 NAME 63 STREFT ADDRESS 64 C(TV-ST-Z)P		☐ Change	Addition
STHEET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I do hereby certify that to	the information indicated on this annua	iffiths fiing is voluntarily furn Freport or supplemental ann ation or the receiver or truste	53 SIREET ADDRESS 54 CITY-ST-ZIP 61 T.TLE 62 NAME 63 SIREET ADDRESS 64 CITY-ST-ZIP sished and does not qualify full report is true and accurate empowered to execute this	or the exemption stated in Section 119.0 Ite and that my signature shall have the is report as required by Chapter 607, Flo	same lega	lorida Statute

SIGNATURE:

NAME OF SIGNING OFFICER OF DIRECTOR

813-822-3653