FILE NOW: FILING FEE AFTER MAY 1 IS \$550,00

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Mar 03 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 363824

(4)

SUPER	COOL COLD STORAGE, IN	C.			
Principal Place of Business Mailing Address P.O. DRAWER 67 AUBURNDALE FL 33823 P.O. DRAWER 67 AUBURNDALE FL 33823-00					ODII DIETTI BIIRIT BIIRIT OTDIT BIRRIT ISBI
				3. Date Incorporated or Qualified 05/08/1970	3a. Date of Last Report 05/01/1996
2. Principal F	Pace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1292469	Not Applicable
Suite, Apt	#, 610	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Cily & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be
23	· · · · · · · · · · · · · · · · · · ·	28		Trust Fund Contribution	Added to Fees
Ζφ === 1	Country	Zip	Country	8. This corporation has liability for in	
24	25 25 Name and Address of Currel		30		Yes No
naa		ir vadistalan waali	81 Name	10. Name and Address of New Regi	Istered Agent
	STICK, GUY		of Harrie		
502 E. BRIDGERS AVENUE AUBURNDALE FL 33823			82 Street Addre	ess (P.O. Box Number is Not Acceptable	9)
AUD	OURNDALE FL 33023		83		
			84 City		EL 85 Zip Code
11. Pursuant office or r agent. La SIGNATURE	to the provisions of Sections 607.050 registered agent, or both, in the State are familiar with, and accept the oblig)2 and 607.1508, Florida Statute e of Florida. Such change was at lations of, Section 607.0505, Flor interpretable for the status of the section for the status of the section for the section	s, the above-named corp uthorized by the corporati rida Statutes.	oration submits this statement for the pu ion's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
	Signative hypother pented harve of registered ag-		Registered Agent signature require		DATE
12.	y	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	VDT	☐ DELETE	1.1 TITLE		Change Addition
NAME	JACOBS, MILTON E		1.2 NAME		
STREET ADDRESS	502 EAST BRIDGERS AVE		1.3 STREET ADDRESS		
CITY - ST - ZiP	AUBURNDALE, FL 00000	☐ DELETE	1.4 CITY-ST-ZIP		[] A [] A. J. J
TITLE NAME	BOSTICK, GUY	טנננונ	2.1 TITLE		Change Addition
NAME STOLE L POUNT OF	502 EAST BRIDGERS AVE		2.2 NAME		
STREET ADDRESS	AUBURNDALE, FL 00000		2.3 STREET ADDRESS		
CHY-ST-7P THLE	PD	☐ DELETE	2 4 CITY-ST-ZIP 3 1 TITLE	RECEIPTED TO THE COLUMN TO THE	Change Addition
NAME	BOSTICK, R MARK	□ prrr‡r	37 IIILE 32 NAME		Change Addition
STHEET ADDRESS	502 EAST BRIDGERS AVE				
	AUBURNDALE, FL 00000		3 3 STREET ADDRESS		
COA 21-50.	S	☐ DELETE	3 4. CITY - ST - ZIP 4 1 TITLE		Change Addition
NAME	READY, BILLY R	Manager of the facility of the	4 2 NAME		L. Cliange L. Audmon
STREET ADDRESS	502 E.BRIDGERS AVE.		4 3 STREET ADDRESS		
CITY-ST-ZIP	AUBURNDALE FL		4 4 CITY - ST - ZIP		
THE		DELETE	51 TITLE		Change Addition
NAME			5 2 NAME		
STREET ADORESS			5 3 STREET ADDRESS		
CiTY-ST-2if*			5.4 CiTY-ST-ZiP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		<i>.</i> —
STREET ADORESS			6.3 STREET ADDRESS		
ense et au					

14. I do horeby certily that the information supplied with this filling 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 eath; 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 enjury attachment with an address.