

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 482321

(7)

1. Corporation Name

MR. KOOL RADIATOR SERVICE, INC.

Principal Place of Business

11890 N.W. 87 CT. BAY 6
HIALEAH GARDENS FL 33016

Mailing Address

11890 N.W. 87 CT. BAY 6
HIALEAH GARDENS FL 33016

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Zip

Country

Zip

25 Country

26 Zip

27 Country

28 Zip

29 Country

30 Zip

9. Name and Address of Current Registered Agent

LUZORO, J. JOSEPH
11890 N.W. 87 CT. BAY 6
HIALEAH GARDENS FL 33016

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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	P	LUZORO, J. JOSEPH 7971 NW 181 STREET PALM SPRINGS FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Dane			
				1.2 NAME					
NAME				1.3 STREET ADDRESS					
				1.4 CITY-ST-ZIP					
STREET ADDRESS				2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Dane			
				2.2 NAME					
CITY-ST-ZIP				2.3 STREET ADDRESS					
				2.4 CITY-ST-ZIP					
TITLE				3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
				3.2 NAME					
NAME				3.3 STREET ADDRESS					
				3.4 CITY-ST-ZIP					
STREET ADDRESS				4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
				4.2 NAME					
CITY-ST-ZIP				4.3 STREET ADDRESS					
				4.4 CITY-ST-ZIP					
TITLE				5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
				5.2 NAME					
NAME				5.3 STREET ADDRESS					
				5.4 CITY-ST-ZIP					
STREET ADDRESS				6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
				6.2 NAME					
CITY-ST-ZIP				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:

FILED
Apr 23 1998 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/05/1975

4. FEI Number
59-1716001

Applied For
Not Applicable

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

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

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

CR2E034 (10/97)