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FILED
Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 489321 (0)
 1. Corporation Name
DON'S COOLING, INC.



Principal Place of Business
**13333 NORTHWEST 7TH AVENUE
 MIAMI FL 33168**

Mailing Address
**13333 NORTHWEST 7TH AVENUE
 MIAMI FL 33168-2813**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/12/1975	3a. Date of Last Report 05/01/1996
21 State, Apt. # etc.	26 State, Apt. # etc.	4. FEI Number 59-1631887		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
TRUTE, MELVYN 1124 KANE CONCOURSE BAY HARBOR ISLD FL		81 Name			
		82 Street Address (P.O. Box Number is Not Acceptable)			
		83			
		84 City	FL	85 Zip Code	

11. Pursuant to the provisions of Sections 607.03(2) and 607.13(8), 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 607.05(5), Florida Statutes.

SIGNATURE _____ (NAME, Registered Agent's signature, required when resigning) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	Change Addition
STREET ADDRESS	STREET ADDRESS	12 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	13 STREET ADDRESS	
TITLE	NAME	14 CITY, ST, ZIP	
STREET ADDRESS	STREET ADDRESS	21 TITLE	Change Addition
CITY, ST, ZIP	CITY, ST, ZIP	22 NAME	
TITLE	NAME	23 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	24 CITY, ST, ZIP	
CITY, ST, ZIP	CITY, ST, ZIP	31 TITLE	Change Addition
TITLE	NAME	32 NAME	
STREET ADDRESS	STREET ADDRESS	33 STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	Change Addition
STREET ADDRESS	STREET ADDRESS	42 NAME	
CITY, ST, ZIP	CITY, ST, ZIP	43 STREET ADDRESS	
TITLE	NAME	44 CITY, ST, ZIP	
STREET ADDRESS	STREET ADDRESS	51 TITLE	Change Addition
CITY, ST, ZIP	CITY, ST, ZIP	52 NAME	
TITLE	NAME	53 STREET ADDRESS	
STREET ADDRESS	STREET ADDRESS	54 CITY, ST, ZIP	
CITY, ST, ZIP	CITY, ST, ZIP	61 TITLE	Change Addition
TITLE	NAME	62 NAME	
STREET ADDRESS	STREET ADDRESS	63 STREET ADDRESS	
CITY, ST, ZIP	CITY, ST, ZIP	64 CITY, ST, ZIP	

14. I do 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 included in 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: *Robert L. Wolford* Robert L. Wolford Pres. 3/17/97 305 6899621
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Digitized Print #

CR2E034 (9/96)