

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

**FILED**  
**Apr 27 1998 8:00am**  
**Secretary of State**

|  |   |   |
|--|---|---|
| PROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT #** 489740 (1)  
 1. Corporation Name  
 Commercial Refrigerator Door Company, Inc.

Principal Place of Business: 6200 Porter Rd, Sarasota, FL 34240  
 Mailing Address: 6200 Porter Rd, Sarasota, FL 34240

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/18/1975

4. FEI Number: 59-1631831

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

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

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

|                                |                        |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address    |
| 21 Suite, Apt. #, etc.         | 26 Suite, Apt. #, etc. |
| 22 City & State                | 27 City & State        |
| 23 Zip                         | 28 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

9. Name and Address of Current Registered Agent  
 Winsler, Robert J.  
 6200 Porter Road  
 Sarasota, FL 34240

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                         | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------|---|---|
| TITLE                      | CD                      | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Winsler, Robert J.      | 1.2 NAME  |   |
| STREET ADDRESS             | 6200 Porter Road        | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | Sarasota, FL            | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD                      | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Winsler, Robert J., Jr. | 2.2 NAME  |   |
| STREET ADDRESS             | 1351 Quail Run Trail    | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | Sarasota, FL            | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD                      | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Winsler, Jeffrey        | 3.2 NAME  |   |
| STREET ADDRESS             | 7535 Castle Drive       | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | Sarasota, FL            | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | S                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | Winsler, Linda          | 4.2 NAME  |   |
| STREET ADDRESS             | 6200 Porter Rd          | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | Sarasota, FL            | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 5.2 NAME  |   |
| STREET ADDRESS             |                         | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      |                         | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                         | 6.2 NAME  |   |
| STREET ADDRESS             |                         | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                         | 6.4 CITY-ST-ZIP                                       |   |

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 \*\*\*150.00

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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 my address.

SIGNATURE:  ROBERT J. WINSLER, JR 4-16-98 (941) 371-8110

CR2E034 (10/97)