

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

FILED
Mar 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 819265 (0)
 1. Corporation Name
LEWIS REFRIGERATION CO.



Principal Place of Business 200 MAPLEWOOD STREET MALDEN MA 02148	Mailing Address 200 MAPLEWOOD STREET MALDEN MA 02148
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1986	4. FEI Number 91-0673306	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

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

9. Name and Address of Current Registered Agent

**SCRIVEN, LANSING C
 2700 BARNETT PLAZA
 101 EAST KENNEDY BLVD.
 TAMPA FL 33601-1102**

10. Name and Address of New Registered Agent

B1	Name
B2	Street Address (P.O. Box Number is Not Acceptable)
B3	
B4	City
FL	B5 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 _____

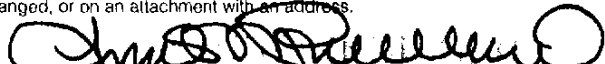
12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GIANNELLI, STEPHEN	
STREET ADDRESS	7 DEANNA CIRCLE	
CITY-ST-ZIP	LYNNFIELD MA 01940	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	DAVIDSON, PAUL	
STREET ADDRESS	2169 ONEIDA COURT	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5C-4G5	
TITLE	S	<input type="checkbox"/> DELETE
NAME	PARAVI, ANNA	
STREET ADDRESS	3143 E. FAWNWOOD COVE	
CITY-ST-ZIP	SANDY UT 84092	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HILL, WAYNE	
STREET ADDRESS	7 PRINCESS ANNE CRESCENT	
CITY-ST-ZIP	ETOBICOKE, ONTARIO M9A-2N9	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	RUSSELL, GUY	
STREET ADDRESS	6909 HICKLING CRESCENT	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5N-5B1	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Resident S.D. McLeod
1.3 STREET ADDRESS	65 Villes Street
1.4 CITY-ST-ZIP	Toronto, Ontario, Canada M6A 3S1
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Vice President Hugo Sorenson
2.3 STREET ADDRESS	One Crothers Drive
2.4 CITY-ST-ZIP	Concord, Ontario Canada M9A 3S1
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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:  **3/19/98 (80) 292-0492**

CR2E034 (10/97)