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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

1, Corporatio	MERCIAL REFRIGERATION SE	` '			#### #### ############################
Principal Plac	e of Business	Mailing Address		- I CODECO PION AND BUILD AND TOTAL BEING	61611 21611 61611 61611 61611 6 1611 1691
819 PEACC		819 PEACOCK PLAZA			
530	AN FENZA	530			
		KEY WEST FL 33040		DO NOT WRITE IN THIS SPACE	
U\$ 		US		3. Date Incorporated or Qualified 02/02/1981	
21 819	Place of Business ReacockP17	28. Mailing Address 26. BIG PEAC	ock Plz	4. FEI Number 59-2070164	Applied For Not Applicable
Suite Apt. 22 53	#, etc.	Suite, Apt #, etc. 27 530		5. Certificate of Status Desired	\$8.75 Additional Fee Required
	west Fl.	28 Keywe	STF.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Coupley C A	33000	Country D.C	8. This corporation owes or has paid t	
24 <u>55</u>	OFD [25] 015.44		0,2,	Personal Property Tax due June 30.	
	9. Name and Address of Current I	Registered Agent	81 Name	10. Name and Address of New Regis	tered Agent
	STOUT, PHYLLIS A				
78 SIRIUS LANE 82 Street Addres				ess (P.O. Box Number is Not Acceptable)	
ř.	KEY WEST FL 33040		83		
			84 City		FL 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					
	Signature, typod or printed name of registered agent a		Hegisterad Agent signature require		DATE
12.	OFFICERS AND D	DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICER	
TITLE	STOUT, III, GEORGE A	☐ OCUE	1.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	78 SIRIUS LANE		1.2 NAME		i
CITY-ST-ZIP	KEY WEST FL		1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE	V	DELETE	21 TITLE		Change Addition
NAME	STOUT, PHYLLIS A		2.2 NAME		
STREET ADDRESS	78 SIRIUS LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	KEY WEST FL		2.4 CITY - ST- ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
Name			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP		Dritte	3.4. CITY- ST-ZIP		Charge Adde
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME OTBEST ADDRESS			4. 2 NAME		
STREET ADDRESS CITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		··
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-2IP		
TITLE		☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	A-	0.1.61	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 securate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the correlation or the red event study completed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapterd, or on an attendment and case.					

FILED

May 06 1998 8:00am

Secretary of State