

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

**APPROVED  
AND  
FILED**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

1997 OCT -6 PH 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # F95000000867 (0)**  
Corporation Name  
**MEDLEY REFRIGERATION CENTRAL FLORIDA CORP.**



Principal Place of Business: **10010 NW SOUTH RIVER DR MIAMI FL 33178**  
Mailing Address: **10010 NW SOUTH RIVER DR MIAMI FL 33178-1131**

3. Date Incorporated or Qualified: **02/17/1995**  
3a. Date of Last Report: **05/29/1996**

2. Principal Place of Business: **7252 Narcoossee Rd**  
22. City & State: **Orlando FL**  
23. Zip: **32822** Country: **USA**  
24. City & State: **Orlando FL**  
25. Zip: **32822** Country: **USA**

4. FEI Number: **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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent:  
**PRESS, ROBERT  
10010 NW SOUTH RIVER DR  
MIAMI FL 33178**

10. Name and Address of New Registered Agent:  
81 Name: **MAYNARD Hellman, Esq**  
82 City: **1100 Ponce de Leon Blvd**  
83  
84 City: **Coral Gables FL** 85 Zip: **33134**

11. Pursuant to the provisions of sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 I accept the obligations of, Section 607.0505, Florida Statutes.  
SIGNATURE: *[Signature]* **MAYNARD Hellman** 9-21-97  
DATE: **9-21-97**

12. OFFICERS AND DIRECTORS

TITLE	<b>CP</b>	<input type="checkbox"/> DELETE
NAME	<b>PRESS, ROBERT</b>	
STREET ADDRESS	<b>5095 NW 99TH WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL 33078</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>SP/Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>ROBERT D. PRESS</b>	
1.3 STREET ADDRESS	<b>1000 Williams Island Blvd #2512</b>	
1.4 CITY-ST-ZIP	<b>N. Miami Beach, FL 33160</b>	
2.1 TITLE	<b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>MARC ADAMS</b>	
2.3 STREET ADDRESS	<b>7252 Narcoossee Rd.</b>	
2.4 CITY-ST-ZIP	<b>Orlando, FL 32822</b>	
3.1 TITLE	<del>SECRETARY</del>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Deletion
3.2 NAME	<del>JOHN SAMUEL BEE</del>	
3.3 STREET ADDRESS	<del>2441 FLORIDA ISLANDS BLVD #307</del>	
3.4 CITY-ST-ZIP	<del>Homestead, FL 33009</del>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	<b>500002917875-4</b>	
4.4 CITY-ST-ZIP	<b>-10/10/97-01100-024</b>	
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 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 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: *[Signature]* **4/30/97** **205-889-1900**

CR2E034 (9/96)