

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **G76114** (9)

1. Corporation Name

**SHIP SERVICE REFRIGERATION, INC.**



Principal Place of Business

**1912 SW 87 AVE.  
NORTH LAUDERDALE FL 33068**

Mailing Address

**1912 SW 87 AVE.  
NORTH LAUDERDALE FL 33068**

2. Principal Place of Business

21 **1261 SW 29 TERRACE**

Suite, Apt. #, etc.

2a. Mailing Address

26 **1261 SW 29 TERRACE**

Suite, Apt. #, etc.

22 City & State

23 **Ft. Lauderdale, FL**

Zip

Country

24 **33312**

25 **USA**

27 City & State

28 **Ft. Lauderdale, FL**

Zip

Country

29 **33312**

30 **USA**

9. Name and Address of Current Registered Agent

**WOLF, MARK L  
1912 SW 87 AVE.  
NORTH LAUDERDALE FL 33068**

3. Date Incorporated or Qualified

**12/21/1983**

3a. Date of Last Report

**01/31/1995**

4. FEI Number

**59-2372324**

Applied For

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

10. Name and Address of New Registered Agent

81 Name

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

**1261 SW 29 TERRACE**

83

84 City

**Ft. Lauderdale**

FL

85 Zip Code

**33312**

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

*Mark L. Wolf*

(NOTE: Registered Agent signature required when reinstating)

**MARK WOLF**

**3-6-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **WOLF, MARK L**  
STREET ADDRESS **1912 SW 87 AVE.**  
CITY-ST-ZIP **NORTH LAUDERDALE FL 33068**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**1261 SW 29 TERRACE**

**Ft. Lauderdale, FL 33312**

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Mark L. Wolf*

**MARK L. WOLF**

**3-6-96**

Date

**954-791-8340**

Daytime Phone #

CR2E034 (12/95)