

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J97823

1. Corporation Name
SURE COLD, INC.

Principal Place of Business

2060 SW 71ST TERR
BAY E6
DAVIE FL 33317
US

Mailing Address

2060 SW 71ST TERRACE
BAY E-6
DAVIE FL 33317
US

2. Principal Place of Business

21 3921 SW 47th AVE.

Suite, Apt. #, etc.

22 SUITE 1014

City & State

23 DAVIE, FL

Zip

24 33314

Country

25 USA

2a. Mailing Address

26 3921 SW 47th AVE.

Suite, Apt. #, etc.

27 SUITE 1014

City & State

28 DAVIE, FL

Zip

29 33314

Country

30 USA

9. Name and Address of Current Registered Agent

SICARI, MARILENA WILLI
9142 D SW 23RD ST.
FT LAUD FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1987

4. FEI Number

65-0057649

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 owes the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

10. Name and Address of New Registered Agent

81 Name

WILLIAMS, MARILENA

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

9142 D SW 23RD ST.

83

84 City

FT. LAUDERDALE

FL

85 Zip Code

33324

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

Marilena Williams

MARILENA WILLIAMS, PRES., 4.5.99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☐ DELETE

NAME SICARI, MARILENA WILLI

STREET ADDRESS 9142D SW 23RD ST.

CITY-ST-ZIP FT LAUD FL

TITLE VSD ☒ DELETE

NAME WILLIAMS, HOWARD R.

STREET ADDRESS 9142D SW 23RD ST.

CITY-ST-ZIP FT LAUD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PVSTD ☒ Change ☐ Addition

1.2 NAME WILLIAMS, MARILENA

1.3 STREET ADDRESS 9142D SW 23RD ST

1.4 CITY-ST-ZIP FT LAUD FL 33324

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE: *Marilena Williams* MARILENA WILLIAMS, PRES. 4.5.99 (954) 316-6930

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

FILED
Apr 09, 1999 8:00 am
Secretary of State

04-09-1999 90028 033 ***158.75

