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

**PROFIT CORPORATION** ANNUAL REPORT

1997

STREET ADDRESS.

CITY - ST - ZIP



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 17 1997 8:00am

Secretary of State

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Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000007533 (1)

ATLANTIC COMMERCIAL REFRIGERATION, INC.

Principal Place of Business  SARLAND FARK FL 23334  US  Mailing Address  2998 NW 48TH TERRACE  STE 226  LAUDERDALE LAKES FL 33313-1814  US					3. Date Incorporated or Qualified	3a. Date of L	
					01/26/1993	06/04/1996	
2. Principal Place o		2a. Mailing Address			4. FEI Number	<u> </u>	Applied For
21 4832 A	DIXE HWY	26			65-0391148		Not Applicable
Suite, Apt #, etc	7	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7 7	75 Additional se Required
City & State	04 - 14	City & State		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6. Election Campaign Financing		.00 May Be
23 CAILLAN	· · · · · · · · · · · · · · · · · · ·	28	· • · · · · · · · · · · · · · · · · · ·	<del></del>	Trust Fund Contribution		lated to Fees
<sup>Zip</sup> 3833	4 EROWARD	Zip 29	Coun	try	8. This corporation has liability for i Florida Statutes	ntangible tax un Yes <b>[]</b> No	der s. 199.032,
9.	Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
LANDRY,			[4	Name			
2998 NW 48TH TERRACE STE 228 LAUDERDALE LAKES FL 33313				82 Street Address (P.O. Box Number is Not Acceptable)			
				33			
D TOPLIN			ļ.	34 City	·	[ar]	Zip Code
			\*	H City		FL 65	zip Code
12.	virilypid or printed name of registered agent OFFICERS AND	DIRECTORS	13.		ired when reinstating) ADDITIONS/CHANGES TO OFFICE		
TITLE PD	NDRY, ROLAND	DELETE	1.1 TITL	1		☐ Ch	ange
	98 NW 48TH TERRACE		1.2 NAM	re Eet address	•		
	UDERDALE LAKES FL 33313			-ST-ZIP		•	
TITLE ST	0021107102 0 1 1 1 0 0 0 1 1	DELETE	2.1 TITL			Ch	ange Addition
	NDRY, IAN		2.2 NAN				
	98 NW 48TH TERRACE		2.3 STR	EET ADDRESS			
	UDERDALE LAKES FL 33313			Y-ST-ZIP			· · · · · · · · · · · · · · · · · · ·
TITLE V	NEODO CTEDII	☐ DELETE	3.1 TITL			☐ Ch	ange L. Addition
1 4-4	nford, stern 07 SW Waterfall BLVD.		3.2 NAA	<b>.</b>			
D.41	LM CITY FL 34990			EET ADDRESS			
CHY-ST-ZIP PA	PII Alli i F A4666	DELETE	3.4. UH 4.1 TITL	Y-ST-ZIP E		☐ Ch	ange Addition
NAME			4. 2 NA	· 1			<del></del>
STREET ADDRESS				EET ADDRESS			
CHTY - ST - ZHP				r-ST-ZIP			
THILE		DELETE	5 1 TITL	E		Ch	ange 🔲 Addition
NAME			5.2 NA	AE )			
STREET ADDRESS			5.3 STR	eet address			
CITY - ST-7IP	· · · · · · · · · · · · · · · · · · ·			r - ST - ZIP		7-1 2.	
TFTLE		. DELETE	6.1 TITE	- i		Ch	ange Addition
NAME			62 NAN	n⊦ l			

6.3 STREET ADDRESS

6.4 City-ST-ZiP 14. I do hereby certify that the information supplied with this filling 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 ambigureport 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 afteress.