

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

**APPROVED
AND
FILED**

CORPORATION
ANNUAL REPORT
1995



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

95 MAY -1 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000033617 (9)
1. Corporation Name
COOL ZONE AIR CONDITIONING AND REFRIGERATION INC

DO NOT WRITE IN THIS SPACE

Principal Place of Business 4971 NW 54TH STREET COCONUT CREEK FL 33073	Mailing Address 4971 NW 54TH STREET COCONUT CREEK FL 33073
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3. Date Incorporated or Qualified 05/03/1994	3a. Date of Last Report
4. FEI Number 63-0487378	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 25. Suite, Apt. #, etc. 26. City & State 27. Zip 28. Country
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9. Name and Address of Current Registered Agent GRIDI, RAZIEL 4971 NW 54TH STREET COCONUT CREEK FL 33073	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City 85. Zip Code FL
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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 _____

2. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE D	NAME GRIDI, RAZIEL STREET ADDRESS 4971 NW 54TH STREET CITY, ST, ZIP COCONUT CREEK FL 33073	11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	12 NAME
TITLE D	NAME GRIDI, MICHELLE STREET ADDRESS 4971 NW 54TH STREET CITY, ST, ZIP COCONUT CREEK FL 33073	13 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	14 NAME
TITLE	NAME	15 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	16 NAME
TITLE	NAME	17 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	18 NAME
TITLE	NAME	19 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	20 NAME
TITLE	NAME	21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	22 NAME
TITLE	NAME	23 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	24 NAME
TITLE	NAME	25 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	26 NAME
TITLE	NAME	27 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	28 NAME
TITLE	NAME	29 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	30 NAME

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(2)(b), 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 appointed to conduct this report as required by Chapter 607, Florida Statutes, and that my name appears in block 12 or block 13 of changed or on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

61-8-91 205-574-0020
Date: _____