

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 # **P94000044934 (5)**

1. Corporation Name
C & Z REFRIGERATION, INC.



Principal Place of Business: **220 MORNING CREEK CIRCLE APOPKA FL 32712**
Mailing Address: **220 MORNING CREEK CIRCLE APOPKA FL 32712**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last Report 03/28/1995
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-3253754	Applied For <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CAMMARATA, ANGELICA E 200 S. ORANGE AVE. SUITE 2600 ORLANDO FL 32801		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL

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 officer 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMMARATA, FRANK R	1.2 NAME	CAMMARATA, FRANK R.
STREET ADDRESS	429 E. OAKHURST ST.	1.3 STREET ADDRESS	220 MORNING CREEK CIRCLE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	STD <input type="checkbox"/> DELETE	2.1 TITLE	S/T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMMARATA, ANGELICA E	2.2 NAME	CAMMARATA, ANGELICA E.
STREET ADDRESS	429 E. OAKHURST ST.	2.3 STREET ADDRESS	220 MORNING CREEK CIRCLE
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	APOPKA, FL 32712
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, JOSEPH D	3.2 NAME	
STREET ADDRESS	2129 E. ESTHER ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZAMORA, KAY D	4.2 NAME	
STREET ADDRESS	2129 E. ESTHER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32806	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Angelica E. Cammarata* Secretary/Treasurer 2/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone No. **407-244-5123**

CR2E034 (12/95)