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

PROFIT CORPORATION ANNUAL REPORT



FILED Jan 21 1998 8:00am FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DOUBLEM REPRIGERATION SERVICES INC. Principal Place of Business Mailing Address 466 COLSEMA DR LAKE WORTH FL 20098 US DONOT WRITE IN THIS SPACE 2. Principal Place of Business 2. Mailing Address Address Acceptable 2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Data Incorporated of Cutalified 2. Principal Place of Business 2. Mailing Address 3. Data Incorporated of Cutalified 2. Principal Place of Business 2. Mailing Address 3. Data Incorporated of Cutalified 2. Principal Place of Business 2. Mailing Address 3. Data Incorporated of Cutalified 2. Principal Place of Business 2. Mailing Address 3. Data Incorporated of Cutalified 2. Principal Place of Business 2. Mailing Address 3. Data Incorporated of Cutalified 2. Principal Place of Business 3. Data Incorporated of Cutalified 2. Principal Place of Business 3. Data Incorporated of Cutalified 2. Principal Place of Business 3. Data Incorporated of Business 4. FED Number 6. Electric Catagorgia Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Financing Finan		1998	DIVISION OF CO	PRPORATIONS	Secretary	y of State	
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NUMBER SAKE WORTH FL 3068 S. Date Incorporated or Qualified 12/05/1984 Pel Number 2/05/1984 Pel Number 2/05	Principal Plac	e of Business	Mailing Address			\$610K 1010K 1011K 1111K 1011K 1011K 101K	
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City & State City & State City & State City & State	_ ' '		 	t	5. Certificate of Status Desired		
Personal Property Tax due June 30. New No	City & State						
9. Name and Address of Current Registered Agent HARPER, DANIEL S 4960 COUSEUM DR LAKE WORTH FL 33463 82 Strees Address (P.O. Box Number is Not Acceptable) 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 this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept he applications of Section 607 0502, Florida Statutes, the above-named corporation's board of directors. I hereby accept he application of Section 607 0505, Florida Statutes, the above-named corporation's board of directors. I hereby accept he application of section 607 0505, Florida Statutes, and the section of the purpose of changing its registered agent in the state of professor speed of the provision's board of directors. I hereby accept he application as registered agent in the state of professor speed or present accept the obligations of, section 607 0505, Florida Statutes. SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ITILE PHARPER, DANIEL 12. NAME 12. ITILE 12. ITILE 12. INVERTIGATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. INVERTIGATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. ITILE 13. STREET ADDRESS 22. STREET ADDRESS 33. DIRECT ADDRESS 34. CITY-ST-ZP 17TLE 10. Change 14. ITILE 10. Change 14. ITILE 10. Change 14. Addition 15. NAME 16. STREET ADDRESS 17. ST-ZP 17TLE 10. Change 10. Change 11. Change 12. Change 13. Addition 14. CITY-ST-ZP 17TLE 15. TITLE 15. TITLE 15. Change 15. TITLE 15.			_ 	-	8. This corporation owes or has paid		
HARPER, DANIEL S 4960 COLISEUM DR LAKE WORTH FL 33463 11. Pursuan't to the provisions of Sections 637 0502 and 697 1509 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agrent I am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. SIGNATURE Signam by our present areas of registered flore a submit in and accept the obligations of, Section 607 0505, Florida Statutes. FL	24			0			
4960 COLISEUM DR LAKE WORTH FL 33463 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 807.1508, Florida Statutes, the above-name of corporation submits this statement for the purpose of charging its 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 and accept the obligations of, Section 607.0505, Florida, Statutes. SIGNATURE Signame byte or prints name of signised agent and its applicable. (NOTE Registered Agent elephane readed when rehressing) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PARTICIPATION AND ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE NAME 4960 COLISEUM DR 1.6 Change Addition STREET ADDRESS CITY-ST-2P TITLE DELETE 3.1 TITLE 2.2 NIME 2.3 NIME ADDRESS CITY-ST-2P TITLE DELETE 4.1 TITLE 2.4 CITY-ST-2P TITLE ACCITY-ST-2P TITLE ACCITY-ST-2P DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-2P DELETE 4.1 TITLE ACCITY-ST-2P TITLE ACCITY-ST-2P TITLE ACCITY-ST-2P DELETE 4.1 TITLE Change Addition NAME STREET ADDRESS CITY-ST-2P TITLE ACCITY-ST-2P DELETE 5.1 TITLE ACCITY-ST-2P ACCITY-ST-2P TITLE ACCITY-ST-2P TITLE ACCITY-ST-2P ACCITY-ST-2P TITLE ACCITY-ST-2P TITLE ACCITY-ST-2P ACCITY-ST-2P TITLE ACCITY-ST-2P ACCITY-ST-	LIA		t negistered Agent	' 81 Name	10. Name and Address of New Reg	pstered Agent	
LAKE WORTH FL 33463 84 City FL 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the outcode of changing its 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, 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, 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, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida, State of Florid				99 Stroot Addre			
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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 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, 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 with, and accept the obligations of, Section 607.0505, Florida, Statuter, Scholarda, Statuter, State and accept the obligations of, Section 607.0505, Florida, Statuter, Scholarda, Statuter, State and accept the obligations of, Section 607.0505, Florida, Statuter, Scholarda, Statuter, State and accept the obligations of, Section 607.0505, Florida, Statuter, Scholarda, State and Scholarda, State and accept the obligations of, Section 607.0505, Florida, Statuter, Scholarda, State and Scholarda, State and Scholarda, Scholarda, State and Scholarda, S				83			
The pursuant to the provisions of Sections 607,0502 and 807,15028, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE				84 City		85 Zip Code	
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SIGNATURE Synaxive typed or printed name of registered agent and title if applicable. NOTE Registered Agent signature required when refinitiating) DATE	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						
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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 12 if changed, or the receiver of the corporation or the receiver of the corporation of the receiver of the receiver of the receiver of the receiver of the corporation of the receiver of the receive

SIGNATURE:

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