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

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

ANNUA	AL REPORT 996	Secre	etary of State F CORPORATIONS		
DOCUM	ENT # P950	00033376 (1)		
	OAST REFRIGERANTS.	INC.		I HE BIYEDA MIK IKI KI BIRNI KAKIN BAKIN BAKIN	18/KK 88/KB HINSE 18/87 KKUI LOSLO BIRK 1886
Nincinal Plans of	f Rueinass	Mailing Address		1764044453443441444	
Principal Place of Business 12820 DANIEL DRIVE, #13		12820 DANIEL DRIVE			
CLEARWATER	FL 34622	CLEARWATER FL 34	1022	3. Date Incorporated or Qualified 04/28/1995	3a. Date of Last Report
. Principal Plac	ce of Business	2a. Mailing Address		4. FEI Number 59-3304178	Applied For Not Applicable
Suite Apt. #, etc		26 Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apr. *,	, etc	27			Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	7 _(p)	Country	8. This corporation has liability for	intangible tax under s 199.032,
]	25	29	30	Florida Statutes Yes 10. Name and Address of New F	No Registered Agent
,	9. Name and Address of Cu	rrent Hegisterea Agent	81 Name	10. Hame and Addition	
OLSEN,	JULIE M		82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
12820 D/	ANIEL DRIVE, #13		83		
CLEARW	ATER FL 34622		83		
			84 City	ration submits this statement for the pu	FL 85 Zip Code
12.		S AND DIRECTORS	13.	ad vibrarensbring ADDITIONS/CHANGES 10 OFF	DATE FIGERS AND DIRECTORS IN 12 Change Addition
TITLE	PTD Olsen, Julie M	☐ DELETE	1 1 TITLE 12 NAME		
NAME STREET ADDRESS	444 BATH CLUB BLVD. I		1.3 STHEFT ADDRESS		
CITY - ST - ZIP	NO. REDINGTON BEACH		1.4 CITY - ST - 7-P		Change Addition
TITLE	VSD Look, Barry D	DELETE	2 1 THLF 22 NAME		
NAME STREET ADDRESS	444 BATH CLUB BLVD.	N.	2.3 STREET ADDRESS		
DITY-ST-ZIP	NO. REDINGTON BEACH	1 FL 33708	2 4 CITY-ST-ZIP		Change Addition
THLE		DELETE	3 1 TIFLE 32 NAME		
name Street address			33 STREET ADDRESS		
DITY-ST-ZIP			3 4 CHY-SI - ZIP		
TITLE		DELETE	4 1 TillE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADURESS			4.3 STREET ADDRESS 4.4 City SI-ZiP		
CITY - ST - ZIF TITLE		DELETE	5 1 TITLS		Change Addition
NAME		_	5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP		DELETE	5.4 CITY - \$1 - ZIP 6.1 TITLE		Change Additio
TITLE		[] bettie	6.2 NAME		
NAME STREET ADDRESS			63 STREET ADDRESS		
			BAICITY ST-7IP		0.07/0//A Flerida Otto 14. 45.
14. Ldo hereb	by certify that the information sup it the information indicated on the I am an officer or director of the n Block 12 or Block 3 if change	plied with this filing is voluntarily s annual report or supplemental corporation or the receiver or tr ct or on an attachment with an	furnished and does not qualifiantial report is true and accustee enipowered to execute address.	y for the exemption stated in Section 11 irate and that my signature shall have the this report as required by Chapter 607,	Florida Statutes; and that my name
SIGNAT	rupe. / /////	In Illana		4-12-96	813-512-1522

SIGNATURE:

PRINTED IN DIE OF SIGNING OFFICER OR DIRECTOR

4-12-96 813-512-1522

CR2E034 (12/95)