## 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 #  1. Corporation Name	P95000089960	(5)
EACTEON ELODIDA (	COOLERS INC.	

FASIERN LICHIDA COOLERS INC



Principal Place of Business	Mailing Address			
PHILLIP MCHUGH 10725 S. OCEAN BLVD. JENSEN BEACH FL 34957	PHILLIP MCHUGH 10725 S. OCEAN BLVD. JENSEN BEACH FL 34957		3. Date incorporated or Qualified 3a. 11/22/1995	Date of Last Report
			# FCI Number	Applied For
2. Principal Place of Business	2a. Mailing Address INC	DIAN RIVER I	PR 650-62- 7526	Not Applicable
32 90 N E INDIAN RIVER OR Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State OFACH EL	City & State N BEAC 28 JENSEN BEAC	H, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip 29 349ξ') 30	Country U. S.A.	8. This corporation has liability for intanging Florida Statutes X Yes The	No
9. Name and Address of Current R			10. Name and Address of New Regist	ered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525		83 LOT 84 City JENSA	ress (P.O. Box Number is Not Acceptable)  OCEAN DR.  152  N BEACH,	FL 85 34957
11. Pursuant to the provisions of Sections 607.0502 are or registered agent, or both, in the State of Florida. familiar with, arm accept the obligations of, Section SIGNATURE  Section typed or printed name of registeres agent and the state of the stat	607,0505 Florida Statutes.	the corporation's board of the corporation's board of the corporation	ting 4	S AND DIRECTORS IN 12
12.  THEF  NAME  STREET ADDRESS  CITY- SI-ZIP  TO STREET ADDRESS  CITY- SI-ZIP  OFFICERS AND COPY  FRANK: CASARELL FI  1484 NEWMAN AVE.  SEEKONE, WA. OX?	□ DELETE	1. 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
THE NAME RAYMOND GRORGE	JR. DELETE	2 1 TITLE 2.2 NAME 2.3 STREET ADDRESS		☐ Change ☐ Addition
STREET ADDRESS CITY-SI-7IP  TILE NAME STERLI ADDRESS STREET A CY PHILIP T. MCHUG 10725 S. OCEAN D	. [ ] [ ] [ ] [ ]	2 4 City-St-Zip 3 1 Title 3.2 Name 3.3 Street address		☐ Change ☐ Addition
TEALCRAI AGACH F	L 34957	34 CiTY+ST-ZIP		
CITY-SI-ZIP SKINGEN BEINGT	DELETE	4. 1 TITLE		Change Addition
NAME STREET ADDRESS		4.2 NAME 4.3 STREET ADDRESS		
City-St-ZiP		4.4 CHY-ST-ZIP		Change Addition
TITLE	☐ DETE1E	5 1 TITLE		
NAME		52 NAME		
STREET ADDRESS	•	5 3 STREET ADDRESS		
CHTY-ST-ZIP	☐ DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change ☐ Addition
TITLE		62 NAME		
NAME		6.3 STREET ADDRESS		
STHEET ADDRESS		CARITY CT 71D		
CITY-S1-ZIP  14 Lido bareby certify that the information supplied w	ith this filing is voluntarily furnishe	6 4 CITY - ST - ZIP ed and does not qualif	y for the exemption stated in Section 119.07(	3)(k), Florida Statutes. I further

I do hereby certify that the information supplied with this riling is voluntarily lumished and does not qualify for the exemplion stated in Section 18.07 (ji/n), Florida Stateles. From the 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 attraction with an address.

SIGNATURE: