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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

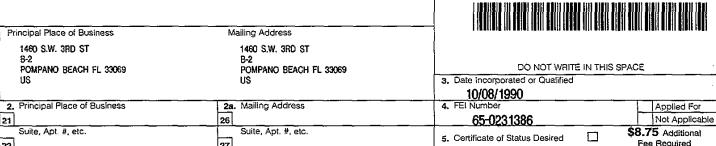
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S08073

(6)

FOODSERVICE REFRIGERATION INC.

	FILE)
Jan 23	1998	8:00am
Secre	etary o	of State



~~			1-1						
23	City & State		28	City & State					May Be I to Fees
_	Zip	Country	L	Zip	C	ountry		8. This corporation owes or has paid the current year i	
24	\	25	29	30				Personal Property Tax due June 30.	LI No
_	g. Name	and Address of Current I	Regia	stered Agent	_			10. Name and Address of New Registered Agent	
	GENESIO, T		_			81	Name		·
	1460 S.W. 3	SRD ST				82	Street Addres	ss (P.O. Box Number is Not Acceptable)	
	B-2								- *
	POMPANO	BEACH FL 33069				83			

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.

agent. I am familiar with and accept the obligations of 300tion 607.0505, Florida Statutes.								
SIGNATURE .								
	Signature, typed or printed name of registered agent at OFFICERS AND D			g/Stered Agent signature required when retreating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DS OFFICERS AND L	DELETE	13.	ADDITIONS/CHANGES TO C	Change	Addition		
NAME	GENESIO, THOMAS A		1.2 NAME		☐ olimida			
i i	2310 N.E. 41 ST							
STREET ADDRESS			1 3 STREET ADDRESS					
CITY-ST-ZIP	LIGHTHOUSE FL		1 4 CITY - ST - ZIP			Adres		
TITLE		☐ DELETE	2,1 TITLE		☐ Change	Addition		
NAME			2,2 NAME					
STREET ADDRESS			2,3 STREET ADDRESS)		
CITY-ST-ZIP			2, 4 CITY-ST-ZIP					
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NAME [3.2 NAME			ĺ		
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CITY-ST-ZIP			3.4. CITY - ST - ZIP					
TITLE		DELETE	4.1 TITLE		☐ Change	Addition		
NAME			4. 2 NAME			Í		
STREET ADDRESS			4.3 STREET ADDRESS			Į		
CITY-ST-ZIP			4.4 CITY-ST-ZIP					
TITLE		DELETE	5.1 TITLE		☐ Change	Addition		
NAME			5.2 NAME			ļ		
STREET ADDRESS			5,3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY - ST-ZIP)		
TITLE		DELETE	6.1 TITLE		☐ Change	Addition		
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
0.D/ 67 70			CACIDY DY 7ID			-		

14. 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 13 if changed, or on an attachment with an address.

SIGNATURE:

TURE AND TYPEO'DE PRINTED NAME OF SIGNING OFFICER OR DIRECT

1/12/97

Davikoe Phone #

Zip Code