FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
AND
FILED

95 MAY 11 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S18620** **(2)**

1. Corporate Name

MAXIMUM COOL OF FLORIDA, INC.

Principal Place of Business	Mailing Address
4699 N FEDERAL HWY D-204 POMPANO BEACH FL 33064 US	4699 NORTH FEDERAL HWY. D-204 POMPANO BEACH FL 33064 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/11/1990	3a. Date of Last Report 04/06/1994
Suite, Apt. # or Bldg. 22	Suite, Apt. # or Bldg. 27	4. FEI Number 65-0229413	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
ZIP 24 County 25	ZIP 29 County 30	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
		8. This corporation has qualified for minimum tax under s. 220.183, Florida Statutes. ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOWE, HENRY F., JR. **760 SW 2 ST.** **BOCA RATON FL 33486**	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 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.

SIGNATURE(S)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
DP NAME **LOWE, HENRY F., JR.** STREET ADDRESS **760 SW 2 ST.** CITY-ST-ZIP **BOCA RATON FL**	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is accurate. For profit corporations only, pursuant to Section 607.0505(2)(b), Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that, as required by Section 607.0505(2)(a), Florida Statutes, the above listed 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 above, or on an attachment with an address.

SIGNATURE: Henry F. Lowe Jr. Henry F. Lowe Jr. 5-5-95 (305) 943-9573
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — DATE — TELEPHONE #

0104455 CP