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Mar 25 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S18620

(2)

1. Corporation Name

MAXIMUM COOL OF FLORIDA, INC.

Principal Place of Business

4699 N FEDERAL HWY  
D-204  
POMPANO BEACH FL 33064  
US

Mailing Address

4699 NORTH FEDERAL HWY.  
D-204  
POMPANO BEACH FL 33064-6S10  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.  
22 #205 F  
23 City & State  
24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.  
27 #205 F  
28 City & State  
29 Zip Country

3. Date Incorporated or Qualified

12/11/1990

3a. Date of Last Report

04/30/1996

4. FEI Number

65-0229413

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOWE, HENRY F., JR.  
760 SW 2 ST.  
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

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 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.

SIGNATURE

Signature of the person appointed as registered agent or the applicable:

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME LOWE, HENRY F., JR.  
STREET ADDRESS 760 SW 2 ST.  
CITY, ST, ZIP BOCA RATON FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

*Henry F. Lowe Jr*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-21-97 954-943-9573  
Date Daytime Phone #

CR2E034 (9/96)