

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 17 PM 12:51

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # S26270 (6)

1. Corporation Name

POLAR ENTERPRISES, INC.

Principal Place of Business

**418 CANAL STREET
NEW SMYRNA BEACH FL 32168**

Mailing Address

**418 CANAL STREET
NEW SMYRNA BEACH FL 32168**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/18/1981

3a. Date of Last Report

04/28/1994

4. FBI Number

59-3046621

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

2. Principal Place of Business

21 30 INLET HARBOR RD.

Suite, Apt. #, etc.

22 #405

City & State

23 PONCE INLET, FLORIDA

Zip

24 32127

Country

25 U.S.A.

26. Mailing Address

26 30 INLET HARBOR RD.

Suite, Apt. #, etc.

27 #603

City & State

28 PONCE INLET, FLORIDA

Zip

29 32127

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

**PETERSON, SID, C., JR
418 CANAL STREET
NEW SMYRNA BEACH FL 32168**

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

**TITLE PST
NAME PASSALENT, DAVID F.
STREET ADDRESS 30 INLET HARBOR RD #405
CITY- ST- ZIP PONCE INLET FL**

**TITLE D
NAME PASSALENT, DAVID F.
STREET ADDRESS 88 RUSS ROAD
CITY- ST- ZIP GRIMSBY ONTARIO CANA**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP**

**TITLE
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID PASSALENT

Apr. 6, 1995 416-363-2822