

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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 13 PM 4:00

DOCUMENT # S28052 (6)

1. Corporation Name

CIRCA REFRIGERATION, INC.

Principal Place of Business

**230H MEDALLION BLVD
MADEIRA BCH FL 33708**

Mailing Address

**27 FISHERMAN DR.
UNIT #4
BRAMPTON, ONTARIO L7A1E-2
CD**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/29/1991

3a. Date of Last Report

02/03/1994

4. FEI Number

59-3049522

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 15219 GULF BLVD.

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MADEIRA BEACH, FL

City & State

26

Zip

33708

Country

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**SUNDHEIM, FREDERICK G., JR.
310 WEST FIRST STREET
STUART FL 34994**

10. Name and Address of New Registered Agent

81 Name

Geraldine A. Smith

82 Street Address (P.O. Box Number is Not Acceptable)

15219 GULF BLVD.

83

84 City

Madeira Beach

FL

85 Zip Code

33708

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

Geraldine A. Smith

Geraldine A. Smith

2/25/95

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**P
BINC, JIM
27 WINDERHEIGHTS
BRAMPTON, ONTARIO**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**S
BINC, KAREN
27 WINDERHEIGHTS
BRAMPTON, ONTARIO**

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
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change ☐ Addition
27 FISHERMAN DR. UNIT #4

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☒ Change ☐ Addition
27 FISHERMAN DR. UNIT #4

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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)(k), 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:

Jim Bince

Jim Bince

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAN 31 / 95 905-846-0648

Date

Signature File #