## 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

DOCUMENT # S59150

(0)

SAMOL REFRIGERATION, INC.

## FILED May 13 1998 8:00am Secretary of State

Principal Place	o of Business	Mailing Address			
·	•	-			
5750 WASHINGTON ST. 5750 WASHINGTON ST. NAPLES FL 33942 NAPLES FL 33942					
MATEGO FL S	35-2	MATCES IE SSBAZ		DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified	
				06/12/1991	
	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 5 7S	O WASHINGTON \$T.	26 5750 WAS	HINGTON S	65-0266078	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Certificate of otatos Desired	Fee Required
		City & State	•4	Election Campaign Financing	<b>\$5.00</b> May Be
		28 NAPLES, PZ		Trust Fund Contribution	Added to Fees
L Zip	O9 25 USA	7ip -	Country	8. This corporation owes or has paid the	<b>_</b>
24 34/		29 37/09 30	USA	Personal Property Tax due June 30.	¥ Yes □ No
or land				10. Name and Address of New Registere	a Agent
SAMOL, NORMAN			81 Name		
5750 WASHINGTON STREET			82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
NAPLES FL <del>89942</del> 3 \$ 109					
	50,00	!	83		
			84 City		85 Zip Code
				F	— 1 1
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 objection 607.0505, Florida Statutes.					
SIGNATURE Signature Typed or printed hand of registered lighter and title if application (NOTE Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	
TITLE	h	DELETE		P/D	Change Addition
NAME	SAMOL, NORMAN	الماري الماري	1.2 NAME	<i>''</i>	
STREET ADORESS	5750 WASHINGTON ST.		1.3 STREET ADDRESS		
	NAPLES FL			IAPLES, FL 34109	
CITY-ST-ZIP TITLE	THE CLOTE	DELETE	2.1 TITLE	V 51,01	Change Addition
NAME		<u></u>		BOROWSKI . DEBORAH	
STREET ADDRESS			2.3 STREET ADDRESS 3.	OROWSKI, DEBORAH 394 SOUTH HAVEN LA	NE
					3919
CITY-ST-ZIP TITLE		☐ DELETE	3.1 TITLE	FORT MYERS, FL 3:	☐ Change ☐ Addition
NAME			3.2 NAME	HERR DENINAT	•
STREET ADDRESS			3.3 STREET ADDRESS 5	HEER, PENINA T. 750 WASHINGTON S	<i>1</i>
			3.4. CITY-ST-ZIP	APLES FL 34109	•
CITY-ST-ZIP TITLE		☐ DĒLĒTĒ	4.1 TITLE	111 100 4 ,1-6 34701	☐ Change ☐ Addition
· ·			4. 2 NAME		
NAME Street Address			4.2 NAME 4.3 STREET ADDRESS		
					İ
CITY-ST-ZIP		☐ DELETE	4.4 CITY - ST - ZIP 5 1 TITLE		Change Addition
TITLE		C OCCUL	5.2 NAME		The country of the country of
NAME OTOGET ADODESS			1		
STREET ADORESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY - ST - 2IP		Change Addition
TITLE		ר"ז מנרכונ	6.1 TITLE		CHANGE THE WORKING
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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 supplimental 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.