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Apr 17 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 # **V59546** **(4)**

1. Corporation Name
CHILLER'S DISTRIBUTING, INC.

Principal Place of Business	Mailing Address
370 DEVON PL HEATHROW FL 32746	370 DEVON PL HEATHROW FL 32746-5038

3. Date Incorporated or Qualified: 08/20/1992
3a. Date of Last Report: 04/19/1996

2. Principal Place of Business
21 661 STONEFIELD LOOP
Suite, Apt. #, etc. 22
City & State 23 HEATHROW, FL
Zip 24 32746 Country 25 U.S.A.

2a. Mailing Address
26 661 STONEFIELD LOOP
Suite, Apt. #, etc. 27
City & State 28 HEATHROW, FL
Zip 29 32746 Country 30 U.S.A.

4. FEI Number: 59-3172355 ☐ 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

CIPPARONE, PAUL
370 DEVON PL
HEATHROW FL 32746

10. Name and Address of New Registered Agent

81 Name: CIPPARONE, PAUL
82 Street Address (P.O. Box Number is Not Acceptable): 661 STONEFIELD LOOP
83
84 City: HEATHROW, **FL** 85 Zip Code: 32746

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 _____ PAUL CIPPARONE 4/14/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	P/D	☑ Change ☐ Addition
NAME	CIPPARONE, PAUL		1.2 NAME	CIPPARONE, PAUL	
STREET ADDRESS	370 DEVON PL		1.3 STREET ADDRESS	661 STONEFIELD LOOP	
CITY-ST-ZIP	HEATHROW FL		1.4 CITY-ST-ZIP	HEATHROW, FL 32746	
TITLE	D	☐ DELETE	2.1 TITLE	V/D	☐ Change ☐ Addition
NAME	CIPPARONE, TONY		2.2 NAME	CIPPARONE, TONY	
STREET ADDRESS	102 BECKET LN		2.3 STREET ADDRESS	@ 815 SHRIVER CIR.	
CITY-ST-ZIP	HEATHROW FL		2.4 CITY-ST-ZIP	LAKE MARY, FL 32746	
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: _____ TITLE REQUIRED 4/14/97 407-333-3278
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #