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Apr 03 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 # **855052** (7)
 1. Corporation Name
KOOL SEAL INC.



Principal Place of Business Mailing Address
1499 ENTERPRISE PKWY TWINSBURG OH 44087 **1499 ENTERPRISE PKWY TWINSBURG OH 44087-2241**

3. Date Incorporated or Qualified **12/22/1982** 3a. Date of Last Report **03/19/1996**
 4. FEI Number **34-1032600** 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 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SULLIVAN, CHRISTOPHER	1.2 NAME	SULLIVAN, WILLIAM
STREET ADDRESS	1499 ENTERPRISE PKWY	1.3 STREET ADDRESS	1499 ENTERPRISE PKWY
CITY - ST - ZIP	TWINSBURG OH	1.4 CITY - ST - ZIP	TWINSBURG, OH 44087
TITLE	C <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, PATRICIA S	2.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PKWY	2.3 STREET ADDRESS	
CITY - ST - ZIP	TWINSBURG OH	2.4 CITY - ST - ZIP	
TITLE	PT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDAK, S.R.	3.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PKWY	3.3 STREET ADDRESS	
CITY - ST - ZIP	TWINSBURG OH	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, BRIAN	4.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PARKWAY	4.3 STREET ADDRESS	
CITY - ST - ZIP	TWINSBURG OH	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN	5.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PKWY	5.3 STREET ADDRESS	
CITY - ST - ZIP	TWINSBURG OH	5.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAROS, STANLEY T.	6.2 NAME	
STREET ADDRESS	30195 CHAGRIN BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	PEPPER RIDGE OH	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: *[Signature]* PRES. **S.R. HUDAK** 1-29-97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)