

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000078789 (1)**
1. Corporation Name

COOL ENCOUNTERS, INC.



Principal Place of Business Mailing Address
6236 SOUTH CREEK ROAD ORANGE PARK FL 32073

3. Date Incorporated or Qualified **10/10/1995** 3a. Date of Last Report

21. Principal Place of Business **1663 Pebble Beach Blvd.** 2a. Mailing Address **P.O. Box 610**

4. FEI Number **59-3338042** Applied For Not Applicable

22. Suite, Apt #, etc. **---** 27. Suite, Apt #, etc. **---**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

23. City & State **Green Cove Springs, FL** 28. City & State **Doctors Inlet, FL**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

24. Zip **32043** 25. Country **---** 29. Zip **32030** 30. Country **---**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**TAYLOR, DEBBIE I
6236 SOUTH CREEK ROAD
ORANGE PARK FL 32073**

10. Name and Address of New Registered Agent

81. Name **Taylor, Debbie I**
82. Street Address (P.O. Box Number is Not Acceptable) **1663 Pebble Beach Blvd.**
83. **---**
84. City **Green Cove Springs** FL 85. Zip Code **32043**

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

2007E Registered Agent's just as required when registering

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	President - CEO
STREET ADDRESS		1.3 STREET ADDRESS	Debbie I Taylor
CITY - ST - ZIP		1.4 CITY - ST - ZIP	1663 Pebble Beach Blvd.
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Sec. Treasury
STREET ADDRESS		2.3 STREET ADDRESS	Michael C. Taylor
CITY - ST - ZIP		2.4 CITY - ST - ZIP	1663 Pebble Beach Blvd.
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	600001893986
STREET ADDRESS		6.3 STREET ADDRESS	-07/16/96--01023--035
CITY - ST - ZIP		6.4 CITY - ST - ZIP	***225.00

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, if applicable.

SIGNATURE: **Debbie I Taylor / Debbie I. Taylor** 5-19-96 284-1020
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)