

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 27 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 # K12743 (6)

1. Corporation Name  
COOLEE, INC.

Principal Place of Business

% DAVID SOLANO  
1202 S 78 ST  
TAMPA FL 33619

Mailing Address

% DAVID SOLANO  
1202 S 78 ST  
TAMPA FL 33619-4754



2. Principal Place of Business

21 1202 S 78<sup>th</sup> ST

Suite, Apt. #, etc.

22 Suite C

City & State

23 TAMPA FL

Zip

24 33619

Country USA

25 ~~11-55-0000~~

2a. Mailing Address

26 1202 S 78<sup>th</sup> ST

Suite, Apt. #, etc.

27 Suite C

City & State

28 TAMPA FL

Zip

30 33619

Country USA

31 ~~11-55-0000~~

3. Date Incorporated or Qualified

01/20/1988

3a. Date of Last Report

01/26/1996

4. FEI Number

59-2869494

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

SOLANO, DAVID  
1202 S 78 ST  
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name BENJAMIN RAYFIELD  
82 Street Address (P.O. Box Number is Not Acceptable)  
1202 S 78<sup>th</sup> ST  
83  
84 City TAMPA FL 85 Zip Code 33619

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 BENJAMIN RAYFIELD

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered agent signature required when reinstating)

DATE

1/9/97

12. OFFICERS AND DIRECTORS

TITLE	P	NAME	SOLANO, DAVID	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1202 S 78 ST			
CITY - ST - ZIP	TAMPA FL			
TITLE	V	NAME	RAYFIELD, BENJAMIN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1202 S 78 ST			
CITY - ST - ZIP	TAMPA FL			
TITLE	S	NAME	SOLANO, ROBERT L	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1202 S. 78TH ST.			
CITY - ST - ZIP	TAMPA FL			
TITLE	P	NAME	RAYFIELD, BENJAMIN	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1202 S. 78 <sup>th</sup> ST			
CITY - ST - ZIP	TAMPA FL 33619			
TITLE	S	NAME	SOLANO, DAVID	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1202 S. 78 <sup>th</sup> ST			
CITY - ST - ZIP	TAMPA FL 33619			
TITLE	T	NAME	SOLANO, ROBERT	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS	1202 S. 78 <sup>th</sup> ST			
CITY - ST - ZIP	TAMPA FL 33619			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	NAME	BENJAMIN RAYFIELD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BENJAMIN RAYFIELD			
1.3 STREET ADDRESS	1202 S 78 <sup>th</sup> ST			
1.4 CITY - ST - ZIP	TAMPA FL 33619			
2.1 TITLE	S	NAME	DAVID SOLANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DAVID SOLANO			
2.3 STREET ADDRESS	1202 S 78 <sup>th</sup> ST			
2.4 CITY - ST - ZIP	TAMPA FL 33619			
3.1 TITLE	T	NAME	ROBERT SOLANO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ROBERT SOLANO			
3.3 STREET ADDRESS	1202 S. 78 <sup>th</sup> ST.			
3.4 CITY - ST - ZIP	TAMPA FL 33619			
4.1 TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY - ST - ZIP				
5.1 TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY - ST - ZIP				
6.1 TITLE		NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME				
6.3 STREET ADDRESS				
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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)