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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P95000078789

1. Corporation Name
COOL Encounters, Inc.

Principal Place of Business: **11663 Pebble Beach Blvd. Green Cove Spgs, FL 32043**

Mail Order Address: **P.O. Box 610 Doctor's Inlet, FL 32030**

2. Principal Place of Business

21 State, Apt. #, etc.
 22 City & State
 23 Zip
 24 Country

2a. Mailing Address

26 State, Apt. #, etc.
 27 City & State
 28 Zip
 29 Country

9. Name and Address of Current Registered Agent

Debbie I. Taylor
11663 Pebble Beach Blvd.
Green Cove Spgs, FL 32043

11. Pursuant to the provisions of Section 607.02(3)(a) and 607.02(3)(b) 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. This 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 provisions of Section 607.02(3)(a) Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

1. TITLE: **CEO** DELETED

2. NAME: **Debbie I. Taylor**

3. STREET ADDRESS: **11663 Pebble Beach Blvd.**

4. CITY-STATE-ZIP: **Green Cove Spgs, FL 32043**

5. TITLE: **Secy. Treas.** DELETED

6. NAME: **Michael C. Taylor**

7. STREET ADDRESS: **11663 Pebble Beach Blvd.**

8. CITY-STATE-ZIP: **Green Cove Spgs, FL 32043**

9. TITLE: DELETED

10. NAME: _____

11. STREET ADDRESS: _____

12. CITY-STATE-ZIP: _____

13. TITLE: DELETED

14. NAME: _____

15. STREET ADDRESS: _____

16. CITY-STATE-ZIP: _____

17. TITLE: DELETED

18. NAME: _____

19. STREET ADDRESS: _____

20. CITY-STATE-ZIP: _____

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **Oct. 10, 1995**

4. FEI Number: **59-3338042** 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 owes or has paid the current year Intangible Personal Property tax due June 30: Yes No

10. Name and Address of New Registered Agent

B1 Name: _____

B2 Street Address (P.O. Box Number is Not Acceptable): _____

B3 City: _____

B4 State: **FL**

B5 Zip Code: _____

14. I, the signatory, certify that the information furnished herein is true and correct to the best of my knowledge and belief, and that the information furnished herein is true and correct to the best of my knowledge and belief. I further certify that the information furnished herein is true and correct to the best of my knowledge and belief. I further certify that the information furnished herein is true and correct to the best of my knowledge and belief. I further certify that the information furnished herein is true and correct to the best of my knowledge and belief.

SIGNATURE: **Debbie I. Taylor** DATE: **6/6/98**

REGISTRATION NUMBER: **901-284-1051**

CR3E034 (10/97)

COOL ENCOUNTERS
P.O. BOX 610
DOCTORS INLET, FL 32030

Request taken by: lsellers
05-18-1998

The forms you recently requested from this office are:

- (1) 201. COR Profit A/R

Should you have any questions or need any further information,
please contact us at the address below:

Division of Corporations - P.O. BOX 6327 - Tallahassee FL 32314

Dear Sir/~~Madam~~

I have requested this form, cause I didn't receive the 1st. notice. We have as of December 94 not doing any business out of this company. But I would like to keep my Corporation name on file for the future which I hope will be in a year or less. Please except my personal check for the 1998 Annual Report, for \$150.00 due to the postmaster I didn't receive it. I still have the same P.O. 610 as above. Sincerely,
Dobbie J. J. J.