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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 655544

COOL BREEZE, INCORPORATED

Principal Plac	e of Business	Mailing Address				1 indita arias mine attet etter meet atat atet eint atet er	
300 S. FEDERAL HWY 300 S. FEDERAL HWY							
DANIA, FL. FL 33004 DANIA, FL. FL 33004							
						DO NOT WRITE IN THIS SPACE	
						3. Date Incorporated or Qualifed 02/11/1980	
2. Principal P	lace of Business	2a. Mailing Address					Applied For
21						59-2089400	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				i = Continue of Status Desired	Additional
22		27				- Fee	Required *
City & State		City & State					Ol May Be ,
23		28				Trust Fund Contribution Adde	d to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	□No
	9. Name and Address of Currer	nt Registered Agent		81	Name	16. Name and Address of New Registered Agent	
Mili	ER GERARN			"	Name	1	
MILLER, GERARD 300 S. FEDERAL HWY				82 Street Address (P.O. Box Number is Not Acceptable)			
	IA FL 33004-1102						
DAN	RA FE 33004-1102			83			j
				84	City	85 Zi	p Code
					,	d corporation submits this statement for the purpose of changing	
SIGNATURE	Stgnature, typed or printed name of registered age				t signature i	o required when reinstating) DATE	
12.	PD OFFICERS AF	ND DIRECTORS MODELETE	13			ADDITIONS/CHANGES TO OFFICERS AND DIRECT	
TITLE	I	OPPOECETE		TITLE		1 7 0	c
NAME	MILLER, GERARD			NAME		MILLER, GERARD 1381 W. COUNTY HWY. 30A #13	Į
STREET ADDRESS	14050 SW 37TH COURT		•		ADDRESS	1381 W. County Hull 52 221/59	1
CITY-ST-ZIP	DAVIE FL	Notice:		CITY-ST	-ZIP	SANTA ROSA BIZACH, FL 33459	e 🔲 Addition
TITLE	ST	DELETE		mlE		1 ST	ווטשוטטארט פ
NAME	MILLER, ALICE		H - "	VAME		MILLER, ALICE	}
STREET ADDRESS			2.3	STREET	ADDRESS	\$ 2351 W. COUNTY HWY 30 A #13	1
CITY-ST-ZIP	DAVIE FL		_	CITY-S	T-ZIP	SANTA ROSA BEACH, FL 37459	ó 🗀 Addition
TITLE		☐ DELETE	3.1	TITLE		Chang	é ☐ Addition
NAME				MAME			Ì
STREET ADDRESS			33	STREET	ADDRESS	3	ł
CITY-ST-ZIP				CITY-S	T-ZIP		- Addition
TITLE		☐ DELETE		TITLE		☐ Chang	e
NAME	}		4. 2	NAME			ì
STREET ADDRESS			4.3	STREET	ADDRESS	3	•
CITY-ST-ZIP				CITY-ST	- ZIP		
TITLE		☐ DELETE		TITLE		☐ Chang	e Addition
NAME				NAME			}
STREET ADDRESS					ADDRESS	\$	[
CITY-ST-ZIP				CITY-S1	- ZIP	<u> </u>	
TITLE		☐ DELETE		TITLE		☐ Chang	e
NAME				NAME			,
STREET ADDRESS			6.3	STREET	ADDRESS	\$ 	Į

14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90235 043 ***150.00