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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **695183**

1. Corporation Name
ULTRA COOL, INC.

Principal Place of Business

**9115 NW 105TH CIRCLE
MEDLEY FL 33178**

Mailing Address

**9115 NW 105TH CIRCLE
MEDLEY FL 33178**

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 9. Name and Address of Current Registered Agent

**SILVERMAN, STEVEN
7000 SOUTHWEST 62ND AVENUE
PENTHOUSE B
SOUTH MIAMI FL 33143**

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

Signature type for printed name of registered agent and sex if applicable

(N/A) Registered Agent signature and date if applicable

DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE

NAME **HARTWELL, JOHN E**

STREET ADDRESS **6208 NW 194 ST.**

CITY-ST-ZIP **MIAMI FL 33015**

TITLE STD [] DELETE

NAME **HARTWELL, LINDA C**

STREET ADDRESS **6208 NW 194 ST.**

CITY-ST-ZIP **MIAMI FL 33015**

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE [] DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 [] Change [] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Digitized by

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/17/1981

4. FEI Number

59-2117346

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 the current year Intangible
Personal Property Tax [] Yes [] No

10. Name and Address of New Registered Agent

100002854991-2
-04/28/99--01049--020
****150.00 ****150.00

B 4/21/99 99AR

LINDA HARTWELL, VPAS 4/15/99 305-885-1409