

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

FILED
Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90002 021 ****150.00



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 855052

1. Corporation Name
KOOL SEAL INC.

Principal Place of Business 1499 ENTERPRISE PKWY TWINSBURG OH 44087	Mailing Address 1499 ENTERPRISE PKWY TWINSBURG OH 44087
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3. Date Incorporated or Qualified 12/22/1982	
4. FEI Number 34-1032600	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 [] Suite, Apt. #, etc.	26 [] Suite, Apt. #, etc.
22 [] City & State	27 [] City & State
23 [] Zip	28 [] Country
24 []	25 []
29 []	30 []

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 []	
84 City	85 Zip Code
	FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, CHRISTOPHER		1.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PKWY		1.3 STREET ADDRESS	
CITY-ST-ZIP	TWINSBURG OH		1.4 CITY-ST-ZIP	
TITLE	C	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, PATRICIA S		2.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PKWY		2.3 STREET ADDRESS	
CITY-ST-ZIP	TWINSBURG OH		2.4 CITY-ST-ZIP	
TITLE	PT	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUDAK, S.R.		3.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PKWY		3.3 STREET ADDRESS	
CITY-ST-ZIP	TWINSBURG OH		3.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURTON, BRIAN		4.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PARKWAY		4.3 STREET ADDRESS	
CITY-ST-ZIP	TWINSBURG OH		4.4 CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SULLIVAN, JOHN		5.2 NAME	
STREET ADDRESS	1499 ENTERPRISE PKWY		5.3 STREET ADDRESS	
CITY-ST-ZIP	TWINSBURG OH		5.4 CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAROS, STANLEY T.		6.2 NAME	
STREET ADDRESS	30195 CHAGRIN BLVD		6.3 STREET ADDRESS	
CITY-ST-ZIP	PEPPER RIDGE OH		6.4 CITY-ST-ZIP	

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.

SIGNATURE: _____ **REQUIRED** **1-4-99**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)