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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J95654

1. Corporation Name

MCCOOL ENTERPRISES, INC.

Principal Place of Business

COMMERCIAL BLDG
WHITE POND CIRCLE
ALTHA FL 32421
US

Mailing Address

RR 3 BOX. 340B
WHITE POND CIRCLE
ALTHA FL 32421
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/02/1987	
21		26		4. FEI Number 59-2846343	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent

MCCOOL, EUGENE
630 N.E. 34TH STREET
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name	THOMAS E. MCCOOL
82 Street Address (P.O. Box Number is Not Acceptable)	WHITE POND CIRCLE
83	RR3 Box 340B
84 City	ALTHA FL 32421

11. Pursuant to the provisions of Sections 607.0502 and 607.1108, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, as provided 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 responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and date of filing

(NOTE: Registered Agent signature required when reinstating)

DATE

JUNE 3, 99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVP	1.1 TITLE	PVP
NAME	MCCOOL, EUGENE	1.2 NAME	MCCOOL THOMAS
STREET ADDRESS	RR 3 BOX, 340B	1.3 STREET ADDRESS	RR3 BOX 340B
CITY-ST-ZIP	ALTHA FL	1.4 CITY-ST-ZIP	ALTHA FL
TITLE	S	2.1 TITLE	S
NAME	MCCOOL, CAROL	2.2 NAME	MCCOOL TERRY
STREET ADDRESS	RR 3 BOX, 340B	2.3 STREET ADDRESS	RR3 BOX 340B
CITY-ST-ZIP	ALTHA FL	2.4 CITY-ST-ZIP	ALTHA FL
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

SIGNATURE AND PRINTED NAME OF OFFICER OR DIRECTOR

Date

Daytime Phone #

E. M. McCool
PRESIDENT
JUNE 3, 99
PH 850-762-8189

CR2E034 (11/98)