## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90089 034 \*\*\*\*70.00

## NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600001488

Corporation Name

COOL SCHOOL OF DADE, INC.

}	
Principal Place of Business	Mailing Address
C/O ALLYSON TOMCHIN 1420 WASHINGTON AVE MIAMI BEACH FL 33139 US	C/O ALLYSON TOMCHIN 1420 Washington ave Miami Beach FL 33139 US

5 7 <sub>72432</sub> - 90014 - 36 2 *	
572432 - 90014 - 38	

21	Principal Place of Business	28	Willing Modress			03/19/1996
-	Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	_	4. FEI Number Applied For
22	1	27	<b>,</b> . ,			65-0683952 Not Applicable
23	City & State	28	City & State		_	5. Centificate of Status Desired  \$8.75 Additional Fee Required
24	Zip Country	29	Zip Co	unt	ry	y 6. Election Campelgn Financing \$5.00 May Be Trust Fund Contribution Added to Fees
123	9. Name and Address of Current I			T	_	10. Name and Address of New Registered Agent
				8	ग	Name
	TOMCHIN, ALLYSON 1420 WASHINGTON AVE			8	2	Street Address (P.O. Box Number is Not Acceptable)
	C/O FIENBERG FISHER COMM. SCHOOL			8	3	
Ì	MIAMI BEACH FL 33141			8	4	
•					_	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered effice 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 617.0503, Florida Statutes.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent eignature r	equired when reinstating)		DATE		
12.	OFFICERS AND DIRECTORS	7	13,	ADDITION	S/CHANGES TO	OFFICERS A		
TILE	DP E	DELETE	1.1 TITLE				Change	☐ Addition
NAME	RUDES, NANCY		12 NAME					
STREET ADDRESS	1970 NE 191 DRIVE		1.3 STREET ADDRESS					
CTTY-ST-ZEP	NORTH MIAMI MEACH FL		1.4 CITY-5T-ZIP					
TITLE	DVP	DEFELE	21 TITLE	DP	J		(I) Change	Addition
NAME	RAPP, RANDY		2.2 NAME	RAPP, RAND	DOM AU	- 111 E	1	)
STREET ADDRESS	324 HOLIDAY DR		2.3 STREET ADDRESS	212 OI NE	38- 20	EVINE	7	
CITY-ST-ZIP	HALLANDALE FL 33009		2.4 CITY-ST-ZIP	AVENTURA	, FL 33	180	· .	( Addition
TITLE	TD	DELETE	3.1 TITLE	60	crerad	4	Change	, ⊓ waamou
.NAME	WEISMAN, ANNETTE		32 NAME	WHYTEH	EAD, BE	ATINC		D
STREET ADDRESS	12415 KEYSTONE ISLAND DRIVE		3.3 STREET ADDRESS	189 40 M	.W.42 AV	ي ني	<b>3</b> 2	
CITY-ST-ZIP	NORTH MIAMI BEACH FL		3.4. CITY-ST-ZIP		(AM)	<u> </u>	3305	- 1 - 1
MLE	S	DELETE	4.1 TITLE	MARTIN,	EZASUR	ER	□ Etange	
NAME	BERMAN, BRYNA		4.2 NAME	MARTIN.	Komai	NE %	V. BM	
STREET ADDRESS	1420 WASHINGTON AVENUE		4.3 STREET ADDRESS	5801 AZ	D ROA	<b>b</b> . 3.	/>	Į)
CITY-ST-ZIP	MIAM) BEACH FL		4.4 CTTY-5T-ZIP	corai C	ABLES,	FL 3	3/ <del>7/2</del> □Change	( Addition
TILE		DELETE	5.1 TITLE				Citatina	
HAME	,	i	5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					•
CITY-ST-ZIP			5.4 CITY-ST-ZIP				Change	Addition
TITLE	<u> </u>	DELETE	6.1 TITLE				⊓ அ <b>வர்</b>	TT MORROW
HAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-ZIP	certify that the information supplied with this filing does n		8.4 CITY-ST-ZIP				-15 -1 -14 Y	

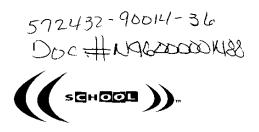
4. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall 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 617. Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted, or on an attagramment with an address, with all other like empowered.

SIGNATURE:

/	andl	GN	149	加全	REC	UL	RE
3	GNATURE AND	TYPEDO	R PRINTED	NAME OF SK	GNING OFFIC	ER OR D	RECTOR

1/22/99

oevome Phone #



June 5, 1999

Florida Department of State Division of Corporations P.O.B 1500 Tallahassee, FL 32302-1500

Subject: Cool School of Dade, Inc.

Ref. Number: N96000001488

Enclosed please find our updated annual report. I hope it is correct. Our three officers are directors; they are:

BOARD OFFICERS	ADDRESS
Randy Rapp, LCSW	21201 N.E. 38 Ave. Aventura , FL 33180
Romaine Martin, JD, MS, BSN	University of Miami 5801 Red Road Coral Gables, FL 33143
Bonita Whytehead	18940 NW 42 <sup>nd</sup> Avenue Miami, FL 33055

## COOL SCHOOL

Fienberg Fisher Community School

1420 Washington Avenue

Míami Beach, FL 33139

305.538.0819 Office

305.534.3925 Fax