02241999-90203-005-$61.25-$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90203 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N98000001381

1. Corporation Name
THE PALM BEACH COOL, INC.

Principal Place of Business	Mailing Address
140 VAN GOGH WAY ROYAL PALM BEACH FL 33411	140 VAN GOGH WAY ROYAL PALM BEACH FL 33411

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

3. Date Incorporated or Qualified
03/09/1998

4. FEI Number
65-0817015
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing ☐ $5.00 May Be Added to Fees
Trust Fund Contribution

9. Name and Address of Current Registered Agent

CHANDLER, MARK
140 VAN GOGH WAY
ROYAL PALM BEACH FL 33411

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, 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	MANAGER	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARK CHANDLER -D		1.2 NAME		
STREET ADDRESS	140 VAN GOGH WAY		1.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FLA 33411		1.4 CITY-ST-ZIP		
TITLE	DONNA CHANDLER -D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	140 VAN GOGH WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FLA 33411		2.4 CITY-ST-ZIP		
TITLE	KAREN BLOW -D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS	159 DOVE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ROYAL PALM BEACH, FLA		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 617, 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: MARK CHANDLER REQUIRED CHANDLER 1/15/99 (561)793-4433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #