Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90050 005 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

| DOCUI<br>1. Corporation<br>COOLTE   |   | 004270   |           |                         |                   |                     |                   |              |                |   |                   |
|---|---|--|-----------|-------------------------|-------------------|---------------------|-------------------|--------------|----------------|---|-------------------|
| Principal Place   | a of Rusiness   | Mailing Address                                |           | -                       |                   | <del></del> -       |                   |              |                | . \$211 01010 11011                             | 1880 680 1881     |
| Principal Place of Business<br>1751 SW 8TH ST<br>POMPANO BEACH FL 33069<br>US |   | 1751 SW 8TH ST<br>POMPANO BEACH FL 33069<br>US |           |                         |                   | 0                   | W TON O           | RITE IN THIS | S SPACE        |   |                   |
| 00  |   | 00   |           |                         |                   | 3. Dat              | te Incorporated   |              |                |   |                   |
|   |   |  |           |                         |                   | 10                  | /30/1992          |              |                |   |                   |
| 2. Principal P  | lace of Business  | 2a. Mailing Addres                             | is        |                         |                   |                     | Number            |              |                |   | plied For         |
| 21  |   | 26   |           |                         |                   | 65                  | <u>-0365093</u>   |              | <del></del>    |   | t Applicable      |
| Suite, Apt.   | #, etc.   | Suite, Apt. #, e                               | etc.      |                         |                   | 5. Ce               | rtifcate of Statu | us Desired   |                | <b>\$8.75</b> A                                 |                   |
| City & State  | Α   | City & State                                   |           |                         |                   | c Flo               | ction Campaig     | n Einancin   |                | \$5.00  |                   |
| 23  | •   | 28   |           |                         |                   | 1 **                | st Fund Contri    |              | '9 🗀           | Added to  | •                 |
| Zip   | Country   | Zip  |           | Country                 | ,                 | 8. Thi              | s corporation of  | owes the c   | urrent year Ir | ıtangible                                       |                   |
| 24  | 25  | 29   | 30        | <u></u>                 |                   |                     | sonal Property    | <u> </u>     |                | Yes   | □No               |
|   | 9. Name and Address of Curren   | t Registered Agent                             |           | 81                      | Nama              | 10. Na              | me and Addre      | ess of Nev   | w Registered   | Agent   |                   |
| BAR"  | THEL, JOEL  |  |           | 01                      | Name              | DAI                 | 11D_1             | M. (         | GUZ,           | <u>/</u>  |                   |
| 110 NE 19TH AVE   |   |  |           | 82                      | Street Ad         |                     | Box Number is     | _            | ptable)        |   |                   |
| #1  |   |  |           | 83                      |                   | /75                 | 1 5. LL           | ), <u>y</u>  | ال عنا         | <u>′ •                                     </u> |                   |
| DEERFIELD BEACH FL 33441  |   |  |           | L                       |                   |                     |                   |              |                |   |                   |
|   |   |  |           | 84                      |                   | )<br>DALPAND        | BEAL              | 11           | FI             | 85 Zip (  | 0 69              |
| 11. Pursuant  | to the provisions of Sections 607.050   | 2 and 607.1508, Florida                        | Statutes, | the abov                | e-named co        | corporation sul     | bmits this state  | ement for t  | he purpose c   | f changing its                                  | registered        |
| office or re  | egistered agent, or both, in the State m familiar with, and accept the obligation | of Florida. Such change                        | was autho | orized by               | the corpora       | ration's board      | of directors. I   | hereby ac    | cept the appo  | intment as re                                   | gistered          |
| SIGNATURE   | STATE OF SELECTION  |  | WID       | И.                      | 1-12              | /                   |                   |              | 1/8/           | 99  |                   |
|   | Signature, typed or printed name of region ed a                                   | and title if applicable.                       |           |                         | nt signature requ | quired when reinsta |                   |              | DATE           |   | <del></del>       |
| 12.   |   | D DIRECTORS                                    | CTE .     | 13.                     | <del></del>       | ADD                 | ITIONS/CHAN       | IGES TO      | OFFICERS A     | ND DIRECTO Change                               | RS IN 12 Addition |
| TITLE   | PODDICHEZ CODA CHE  |  | EIE       | 1.1 TITLE               |                   |                     |                   |              |                |   |                   |
| NAME  | RODRIGUEZ, CORA SUE   |  |           | 1.2 NAME                | T 4000000         |                     |                   |              |                |   |                   |
| STREET ADDRESS  | 1751 SW 8TH STREET<br>POMPANO BEACH FL 33069                                      |  |           |                         | T ADDRESS         |                     |                   |              |                |   |                   |
| CITY-ST-ZIP<br>TITLE  | VP  | DEL  | FTF       | 1.4 CITY-S<br>2.1 TITLE | 11-2119           |                     |                   |              | -              | Change  | ☐ Addition        |
| NAME  | GUZI, DAVID M   |  |           | 2.2 NAME                |                   |                     |                   |              |                |   | _                 |
| STREET ADDRESS  | 1751 SW 8TH STREET  |  |           |                         | TADDRESS          | •                   |                   |              |                |   |                   |
| CITY-ST-ZIP   | POMPANO BEACH FL 33069  |  |           | 2.4 CITY-5              | i                 |                     |                   |              |                | •   |                   |
| TITLE   |   | ☐ DEL  | ETE       | 3.1 TITLE               |                   |                     |                   |              | •              | Change  | Addition          |
| NAME  |   |  |           | 3.2 NAME                |                   |                     |                   |              |                |   |                   |
| STREET ADDRESS  |   |  |           | 3.3 STREE               | T ADDRESS         |                     |                   |              |                |   |                   |
| CITY-ST-ZIP   |   |  |           | 3.4. CITY- 5            | ST-ZIP            |                     |                   |              |                |   |                   |
| TITLE   |   | ☐ DEL  | ETE       | 4.1 TITLE               |                   |                     |                   |              |                | ☐ Change  | Addition          |
| NAME  |   |  |           | 4.2 NAME                |                   |                     |                   |              |                |   |                   |
| STREET ADDRESS  |   |  |           |                         | T ADDRESS         |                     |                   | ,            |                |   |                   |
| CITY-ST-ZIP   |   | ☐ DEL  | CTE       | 4.4 CITY-S              | T-ZIP             |                     |                   |              |                | ☐ Change  | Addition          |
| TITLE   |   | ΓI ÝEL   | EIE       | 5.1 TITLE<br>5.2 NAME   |                   |                     |                   |              |                | ☐ Ottolige                                      | [] Addition       |
| NAME<br>STREET ADDRESS  |   |  |           |                         | T ADDRESS         |                     |                   |              |                |   |                   |
| CITY-ST-ZIP   |   |  |           | 5.4 CITY-S              |                   |                     |                   |              |                |   |                   |
| TITLE   |   | ☐ DEL  | ETE       | 6.1 TITLE               | <del></del> +     | <del></del>         |                   |              |                | ☐ Change  | ☐ Addition        |
| NAME  |   |  |           | 6.2 NAME                |                   |                     | •                 |              |                |   |                   |
| STREET ADDRESS  |   |  |           | 6.3 STREE               | T ADDRESS         |                     |                   |              |                |   |                   |

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.

6.4 CITY-ST-ZIP

SIGNATURE: \_

STREET ADDRESS

CITY-ST-ZIP

G OFFICER OR DIRECTOR