FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000001272 (2)

1. Corporation Name
COOL DRINKS, INC.

Principal Place of Business
4541 ST AUGUSTINE RD
SUITE 3
JACKSONVILLE FL 32207
US

Mailing Address
4541 ST AUGUSTINE RD
SUITE 3
JACKSONVILLE FL 32207
US

2. Principal Place of Business
21 5430 LYONS RD
Suite, Apt. #, etc.
22 209
City & State
23 COCONUT CREEK, FL
Zip 24 33073 Country 25 USA

2a. Mailing Address
26 5430 LYONS RD
Suite, Apt. #, etc.
27 209
City & State
28 COCONUT CREEK, FL
Zip 29 33073 Country 30 USA

3. Date Incorporated or Qualified: 01/04/1993
3a. Date of Last Report: 04/27/1995
4. FEI Number: 65-0374125 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

DELISA, RAYMOND D
7595 BAYMEADOWS CIRCLE W
SUITE 1802
JACKSONVILLE FL 32256

10. Name and Address of New Registered Agent

81 Name: DELISA, RAYMOND D
82 Street Address (P.O. Box Number is Not Acceptable): 5430 LYONS RD
83 #209
84 City: COCONUT CREEK FL 85 Zip Code: 33073

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

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	DELISA, RAYMOND D	
STREET ADDRESS	7595 BAY MEADOWS CIRCLE W SUITE 1802	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	☒ Change ☐ Addition (address)
1.2 NAME	DELISA, RAYMOND D	
1.3 STREET ADDRESS	5430 LYONS RD #209	
1.4 CITY-ST-ZIP	COCONUT CREEK, FL 33073	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: R. D. DeLisa RAYMOND D. DELISA 4-4-96 (954)420-0087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (12/95)