04-09-1999 90072 009 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FLORIDA DEPARTMENT OF STATE

DOCUMENT # P93000026596

1. Corporation Name

KOOL HAND MIKES APPLIANCE SERVICE, INC.

Principal Place of Business	Mailing Add	drace						
•	_							
13390 S.W. 131ST STREET #127 MIAMI FL 33186 US	13390 S.W. 131ST STREET #127 MIAMI FL 33186 US				DO NOT WRITE IN THIS SPACE			
					3.	Date Incorporated or Qualifed 04/09/1993		
2. Principal Place of Business	2a. Mailing	Address			4.	FEI Number		Applied For
21	26					65-0434046		Not Applicable
Suite, Apt. #, etc.	Suite, A	Suite, Apt. #, etc.			5.	Certificate of Status Desired		.75 Additional ee Required
City & State		City & State			6.	Election Campaign Financing Trust Fund Contribution		5.00 May Be dded to Fees
Zip Country 24 25	Zip	Go 30	untry		8.	This corporation owes the current year Personal Property Tax:	Intangible	
9. Name and Address of Curre	nt Registered A	gent			10.	Name and Address of New Register	ed Agent	
GARNEAU, MICHAEL W			81	Name				
13390 S.W. 131ST STREET #127	•	82 Street Add		Street Addre	ess (P.O. Box Number is Not Acceptable)			
MIAMI FL 33186			83			-		
			84	City		F	L 85	Zip Code
11. Pursuant to the provisions of Sections 607.05 office or registered agent, or both, in the State agent. I am familiar with, and accept the oblig-	of Florida, Such	change was authorize	d by	the corporation	oration n's bo	n submits this statement for the purpose pard of directors. I hereby accept the ap	of changi pointment	ng its registered as registered

uu (SIGNATURE (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ Addition ☐ Change ■ DELETE 1.1 TITLE TITLE GARNEAU, MICHAEL W 1.2 NAME NAME 13390 S.W. 131ST STREET #127 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33186 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRES 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 5.1 TITLE TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ DELETE 6.1 TITLE ☐ Change TITLE

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 iress, with all other like empowered Block 12 or Block 13 if changed, or on ap atta

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034.(11/98)