FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

P93000048813 (8)

COOL AIR RADIATOR, INC.

Principal Place o	f Business		Ma	iling Address					***************************************			
1330 S. DIXIE HIGHWAY HOLLYWOOD FL 33020				1330 S. DIXIE HIGHWAY								
				HOLLYWOOD FL 3302 US	0							
US				US					3. Date Incorporated or Qualified	3a. Date		,
									07/06/1993	1	1/18/1	
2. Principal Place of Business			F-1	a. Mailing Address					4. FEI Number 65-0445344			Applied For Not Applicable
21			26	Suite, Apt. #, etc.					\$8.75 Add			L
Suite, Apt. #, etc.			27	3					5. Certificate of Status Desired		· ·	Required
City & State				City & State					6. Election Campaign Financing	·	\$5.0	DO May Be
23									Trust Fund Contribution		Add	ed to Fees
Zip				Zip Counti					8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
24	25		29		30	<u>-</u>			Florida Statutes Yes 10. Name and Address of New I		1 nent	
	9. Name and	Address of Curren	t Regis	tered Agent		81	Nai	ne	IV. Name and Address of New I	iogistered /	gent	
ARGY, DAVID				82 Str			Stre	et Addre	ess (P.O. Box Number is Not Accepta	DIE)		
1332 S DIXIE HWY				8								
HOLLYWOOD FL 33021											lo-1	Zin Codo
					84	Cit	y		FL	85	Zip Code	
SIGNATURE:		obligations of, Section of General Appendix OFFICERS ANI	and 1th if		TE Flogisl	ered Agor 3.	rt signa	ture required	d when reinstaring! ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECT	ORS IN 12
TRUE	PVD	OTTO AN		DELETE		. 1 TITLE	_	T	And the second s		Change	
NAME	ARGY, DAV	/ID			1.	.2 NAME						
STREET ADDRESS			<u> </u>			1.3 STREET ADORESS		ESS				
CITY-ST-ZIP		OD FL 33020			1	.4 CITY - 9	S(-ZIP					F7 4439
TITLE	ST			☐ DELETE		. 1 TiffLE				Į	Change	e 🔲 Addition
NAME	ARGY, RAC					2 NAME						
STREET ADDRESS	3881 N 38					3 STREET						
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STREET ADDRESS					4	1.3 STREE	T ADDR	IESS				
CITY-ST-ZIP					4	.4 CITY -	ST-ZIP		<u>, ,</u>			
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NAME						5.2 NAME						
STREET ADDRESS						5.3 STREE						
CITY - ST - ZIP				FT) DELETE		4 CITY-					Chang	ne 🗍 Addition
TITLE				DELETE		6 1 TITLE					Unland	Jo [Noviton
RIRARE	l				■ (6.2 NAME		ı				

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 13 if changed, or on an attachment with an address. 6 4 CITY - ST - ZIP

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96 954-922-7717