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Apr 21, 1999 8:00 am  
Secretary of State

04-21-1999 90197 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # P93000061320

1. Corporation Name  
NAUTIC-KOLD, INC.



Principal Place of Business  
220 S.W. 30TH ST.  
FT. LAUDERDALE FL 33315  
US

Mailing Address  
P.O. BOX 21546  
FT. LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
08/27/1993

4. FEI Number  
65-0438501

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 owes the current year Intangible Personal Property Tax.  Yes  No

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

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

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANTOGNONI, BRUCE E.  
220 S.W. 30TH ST.  
FT. LAUDERDALE FL 33315

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
FL

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]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/26/99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

PD  
ANTOGNONI, BRUCE E.  
220 S.W. 30TH ST.  
FT. LAUDERDALE FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

~~STB~~  
ANTOGNONI, ELLIOT J  
558 25TH AVE., S.E.  
ST. PETERSBURG 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

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

STB  
DONNA Antognoni  
220 SW 30th St.  
Ft. Lauderdale, FL 33315

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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/26/99 954-523-6182  
Date Daytime Phone #

CR2E034 (1.1/98)