

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

**AND FILED**

**95 APR 25 AM 9:06**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE

**CORPORATION ANNUAL REPORT 1995**

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



**DOCUMENT # P93000072212 (2)**

1. Corporation Name  
**COOL CARTS, INC.**

Principal Place of Business      Mailing Address

**2724 N.W. 30TH ST.  
BOCA RATON FL 33431**      **2724 N.W. 30TH ST.  
BOCA RATON FL 33434**

3. Date Incorporated or Qualified <b>10/18/1993</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>65-0442481</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
6. The corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. # etc.
22. City & State	27. City & State
24. Zip	25. Country
29. Zip	30. Country

**9. Name and Address of Current Registered Agent**

**KENNON, MAUREEN H PA  
2499 GLADES ROAD  
SUITE 313  
BOCA RATON FL 33431**

**10. Name and Address of New Registered Agent**

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

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: Elizabeth R. Hailey, Pres      DATE: 4-20-95

**12. OFFICERS AND DIRECTORS**

TITLE	<b>DPT</b>
NAME	<b>HAINEY, ELIZABETH R</b>
STREET ADDRESS	<b>2724 N.W. 30TH ST.</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33434</b>
TITLE	<b>VS</b>
NAME	<b>MITCHELL, ROBERT</b>
STREET ADDRESS	<b>1910 OAKMONT TERRACE</b>
CITY - ST - ZIP	<b>CORAL SPRINGS FL 33071</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(1)(b), Florida Statutes. I further certify that the information indicated on the 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: Elizabeth R. Hailey, Pres      DATE: 4-20-95      305-426-4266