

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000072212 (2)

1. Corporation Name:

COOL CARTS, INC.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

21

State, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

State, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

10/18/1993

3a. Date of Last Report

04/25/1995

4. FEI Number

65-0442481

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

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.01001 and 607.01003, Florida Statutes, the above named corporation adopts 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, thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.01001, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

DPT
HAINEY, ELIZABETH R
2724 N.W. 30TH ST.
BOCA RATON FL 33434

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

VS
MITCHELL, ROBERT
1910 OAKMONT TERRACE
CORAL SPRINGS FL 33071

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

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TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

☐ DELETE

14. I do hereby certify that the information supplied with this filing was truthfully furnished and does not qualify for the exemption stated in Section 119.07(3)(a), Florida Statutes. I further certify that the information made a part of 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 and the reason I am authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if I change it or if I am an officer or director with an address.

SIGNATURE: Elizabeth R. Hainey Pres

Elizabeth R. Hainey

3-25-96 954-426-4266

CR2E034 (12/95)