FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 17 PM 11:17

DOCUMENT # **P94000037238 (0)**

1. Corporation Name
COOL SENSATION, INC.

Principal Place of Business	Mailing Address
1308 S.W. 151ST AVENUE **SUNRISE FL 33326**	**1308 S.W. 151ST AVENUE** **SUNRISE FL 33326**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/16/1994**
3a. Date of Last Report:

2. Principal Place of Business
21 993 SW 71 Ave
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

2a. Mailing Address
26 993 SW 71 Ave
27 Suite, Apt. #, etc.
28 City & State: N. Lauderdale, FL.
29 Zip: 33068
30 County

4. FEI Number: 65-0509654 ☐ 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

9. Name and Address of Current Registered Agent

KAPLAN, MARLENE ESQ.
240 CRANDON BLVD.
STE. 114
KEY BISCAYNE FL 33149

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 607.0502 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 _____ DATE
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mailing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	MCANARY, DAVID	12 NAME	
STREET ADDRESS	1308 SW 151ST AVENUE	13 STREET ADDRESS	15040 SW 31 Ct.
CITY-ST-ZIP	SUNRISE FL 33326	14 CITY-ST-ZIP	Davie FL 33331
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	MCANARY, LINDA	22 NAME	
STREET ADDRESS	1308 SW 151ST AVENUE	23 STREET ADDRESS	15040 SW 31 Ct.
CITY-ST-ZIP	SUNRISE FL 33326	24 CITY-ST-ZIP	Davie FL 33331
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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.

SIGNATURE: Linda McAnary (LINDA McANARY) 4/12/95 (305)726-0904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0234082 CP