## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jun 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000046610 (9)

COOL RUNNINGS CAFE, INC.

D077 NIRAMAR PKWY MIRAMAR FL 33025 US		9977 MIRAMAR, PKWY MIRAMAR FL 33025-2398 US								
*						3. Date Incorporated or Qualified 06/20/1994	3a. Dat 06/1			port
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ľ	App	lied For	
21		26				65-0498430	Not Applicable			
Suite, Apt	#, etc.	Suite, Apt. #. etc.			5. Certificate of Status Desired S8.75 Addi			lditional		
22		27			6. Certificate bi Status Desireti	Fee Required				
City & State	9	City & State	r 1			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
Zip 24	Country 25	Zip <b>29</b>	30 Co	untry		8. This corporation has liability for intangible tax under s. 199.032, florida Statutes				
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	gistered A	gent		
LAN	CE JOSPEH PA			81	Name					
6950 N KENDALL DR #200				82	Street A	dress (P.O. Box Number is Not Acceptable)				
erior wi				83			····			
. 1								1		
				84	City		FI	85	Zip Ci	ode
office or r agent. I a	egistered agent, or both, in the State in familiar with, and accept the obligation Signiture, typed or printed name of registered age	of Florida. Such change was ations of, Section 607.0505, F ec. and the it applicable. (NO	authorize Iorida Sta	ed by stutes	the corp	corporation submits this statement for the oration's board of directors. I hereby acco- required when reinstating)	ot the appo	ointmō	nt as re	egistered
12.	OFFICERS AND DIRECTORS			13.		ADDITIONS/CHANGES TO OFFIC	BOT 41: 1 37:			
TITLE	P STORE BALLIA	<del>-</del>		1.1 100.6				☐ Ch	ange	Addition
NAME	CHIN, DAHLIA		1.21	VAME						
STREET ADDRESS	9977 MIRAMAR PARKWAY		1.3 9	STREET	ADDRESS					
CITY-ST-ZIP	MIRAMAR FL				I-21P	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
TITLE	VP.	☐ DELETE	ELETE 2.1 TITLE					Ch:	ange	☐ Addition
NAME	CHIN, LORAH	2.21		2.2 NAME						
STREET ADORESS	9977 MIRAMAR PARKWAY		2.3 9	2.3 STREET ADDRESS						
CITY-ST-ZIP	MIRAMAR FL	——————————————————————————————————————		2.4 CITY - S1 - ZIP				<u> </u>		11.75
TITLE	OLDER TANDE	☐ DELETE	3.11					[] Ch	ange	☐ Addition
NAME	CHIN, JANICE		3.2 N	MAME						
STREET ADDRESS				3.3 STREET ADDRESS						
CITY-ST-ZIP	MIRAMAR FL			CI1Y - 9	S1 - ZIF		···			
TITLE				4.1 TITLE				∐ Cha	ange	Addition
NAME				NAME						
STREET ADDRESS	•		4.3 9	STREET	ADDRESS					
CITY-ST-ZIP				4.4 CRY+ST+7IF						
TITLE				5 1 1ITLF				□ Ch.	ange	Addition
NAME	<i>*</i>		5.2 !	IMAM						
STREET ADDRESS			535	STREFT	ADDRESS					
CITY-ST-ZIP				5.4 CITY-ST-ZIP				<b></b>		<b>—</b>
TITLE	☐ DELETE		6.1 1	6.1 TITLE				∐ Ch	ange	Addition
NAME			621	VAME	}					
STREET ADDRESS			63.9	STREET	ADDRESS					

I do hereby certify that the information supplied with this filling 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 logal effect as if made under eath; 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.