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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

1997 HAY 12 PH 12: 25

SECRETARY OF STATE TALLAHASSEE. FLORIDA

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P94000061901**

JOE KOOL AIR INC.

NAME

STREET ADDRESS

CHTY-ST-70

Principal Place of Business Mailing Address 2132 MEARS PARKWAY 2132 MEARS PARKWAY MARGATE FL 33063 MARGATE FL 33063-3755 3. Date Incorporated or Qualified 3a. Date of Last Report 08/23/1994 04/23/1996 2. Principal Place of Business 2s. Mailing Address 4. FEI Number Applied For 65-0516995 21 26 Not Applicable Suite Apt #, etc. Suite Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 210 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Furia. Joseph A 10781 ROYAL PALM BLVD. 82 Street Address (P.O. Box Number is Not Acceptable) CORAL SPRINGS FL 33065 83 84 City 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. Familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signalure, typod or presed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 STD TITLE DELETE 1.1 TITLE Furia, Joseph A NAME 1.2 NAME -05/19/97--01136--001 10781 ROYAL PALM BLVD ****550.00 ****550.00 STREET ADDRESS 1.3 STREET ADDRESS CORAL SPRINGS FL Offit - ST - ZIP 1.4 CITY - ST - ZIP DELETE TITLE 21 TITLE Change ___ Addition BRASHER, GERALD G NAME 2.2 NAMÉ 24 SPINNING WHEEL LA STREET ANDRESS 2.3 STREET ADDRESS TAMARAC FL CHY - S1 - 26 2.4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition MAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CHY-\$F-ZIP 3.4. CITY-ST-ZIP DELETE TULE 4.1 TITLE ☐ Change ___ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE TIT F 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** 01"Y-\$1-Zi-5.4 CITY-ST-ZIP DELETE THEF 6.1 TITLE Change] 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 does not quality 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. ENT X GARALD G. BRAKHER 5-7 SIGNATURE