

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 16 1997 8:00am
Secretary of State

DOCUMENT # P95000009110 (4)

1. Corporation Name
COOL CHANGE, INC.



Principal Place of Business

7364 PHILATELIC DR
SPRING HILL FL 34606

Mailing Address

7364 PHILATELIC DR
SPRING HILL FL 34606-6716

2. Principal Place of Business

21 13496 Wilburton St.

Suite, Apt. #, etc.

2a. Mailing Address

26 13496 Wilburton St.

Suite, Apt. #, etc.

22 City & State

23 Spring Hill FL

24 34609 25 Country

26 34609 27 Country

28 34609 29 Country

30 34609 31 Country

32 34609 33 Country

34 34609 35 Country

36 34609 37 Country

38 34609 39 Country

40 34609 41 Country

42 34609 43 Country

44 34609 45 Country

46 34609 47 Country

48 34609 49 Country

50 34609 51 Country

52 34609 53 Country

54 34609 55 Country

56 34609 57 Country

58 34609 59 Country

60 34609 61 Country

62 34609 63 Country

64 34609 65 Country

66 34609 67 Country

68 34609 69 Country

70 34609 71 Country

72 34609 73 Country

74 34609 75 Country

76 34609 77 Country

78 34609 79 Country

80 34609 81 Country

82 34609 83 Country

84 34609 85 Country

86 34609 87 Country

88 34609 89 Country

90 34609 91 Country

92 34609 93 Country

94 34609 95 Country

96 34609 97 Country

98 34609 99 Country

100 34609 100 Country

9. Name and Address of Current Registered Agent

CHARNOCK, WILLIAM T III
13135-D SPRING HILL DR
SPRING HILL FL 34609

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME EVANS, TOMMY
STREET ADDRESS 7364 PHILATELIC DR
CITY- ST- ZIP SPRING HILL FL 34608

TITLE D
NAME SBASHNIG, PETER P JR
STREET ADDRESS 7364 PHILATELIC DR
CITY- ST- ZIP SPRING HILL FL 34608

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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 D
1.2 NAME EVANS, TOMMY
1.3 STREET ADDRESS 4614 GONDOLIER RD.
1.4 CITY- ST- ZIP SPRING HILL FL 34609

2.1 TITLE D
2.2 NAME SBASHNIG, PETER
2.3 STREET ADDRESS 13496 WILBURTON ST.
2.4 CITY- ST- ZIP SPRING HILL FL 34609

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
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 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 or changed on an attachment with an address.

SIGNATURE: Peter Bashnig President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-97
Date

(852) 686-9963
Daytime Phone #

CR2E034 (9/96)