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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000010193 (7)

## FILED Feb 16 1998 8:00am Secretary of State

COOL KITCHENS, INC.	·	,	 	
Principal Place of Business	Mailing Address	· · · · · ·		BONIS DBIOL (1841 OBJES 17419 16590 1111 5081
6142 SW 4TH PL Margate Fl 33068	6142 SW 4TH PL Margate FL 33068		DO NOT WRITE	E IN THIS SPACE
			3. Date Incorporated or Qualified	311 1110 31 1102
			02/07/1995	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		65-0557366	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6, Election Campaign Financing	\$5.00 May Be
23	28	1 70	Trust Fund Contribution	☐ Added to Fees
Zip Country	Zip	Country	This corporation owes or has pa     Personal Property Tax due June	
24 25 25 Pame and Address of Curre	29   nt Registered Agent	30	10. Name and Address of New Re	
ABADIA, NICOLAS		81 Name	10.	
6142 SW 4TH PL		82 Street Add	room (D.O. Poy Number in Not Accounted	ala)
MARGATE FL 33068		Street Add	ress (P.O. Box Number is Not Acceptat	ole)
		83		
		84 City		B5 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.05t office or registered agent, or both, in the State agent. I am familiar with, and accept the oblic</li> </ol>	02 and 607.1508, Florida Statu o of Florida. Such change was	tes, the above-named corp authorized by the corpora	poration submits this statement for the pation's board of directors. I hereby accept	ourpose of changing its registered pt the appointment as registered
	gations of, Section 607.0505, Fi	ionda Statutes.		
SIGNATURE Signature, typed or printed name of registered ag	ent and title d applicable (NO	TE. Registered Agent signature requi	red when reinstating)	DATE
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE DPTV	☐ DELETE	1.1 TITLE		
NAME ABADIA, NICOLAS				Change Addition
A444 (NA) 471 (N		1.2 NAME		Change L Addition
STREET ADDRESS 6142 SW 4TH PL		1.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP MARGATE FL 33068	T DELETE	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		0000
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CITY-ST-ZIP  TITLE  NAME  ABADIA, NICOLAS  STREET ADDRESS  G142 SW 4TH PL  MARGATE FL 33068  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE	DELETE  DELETE	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 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 6.4 CITY-ST-ZIP 6.1 TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 6.1 TITLE		Change Addition  Change Addition  Change Addition  Change Addition

14. I 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 eath; that I am an officer or director of the corporation or the receiver or trustee englowered 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 en an attrophene with arrectires.

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Nicholas Abalia Ablea Gary 977. UV