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 #

1. Corporation Name P95000011017 (7)

COOL LINE DESIGNS INCORPORATED

FILED

May 14 1998 8:00am

Secretary of State

Principal Plac	e of Business	Mading	Mailing Address							*** 1881 1881
725 DR MMC	LOUD BLVD	POB	P O BOX 2743 ORMOND BEACH FL 32176-1637							
	ACH FL 32114	ORMO					DO NOT WRITE IN THIS SPACE			
US										
}							3. Date incorporated or Q	ualified		l
a Dringle of D	land of D. sings	1 - 0-0	A - I de - A				02/09/1995			
	lace of Business	├ ─┐	ing Address				4, FEI Number			pplied For
21	# ata	26					59-3295105			ot Applicable
Suite, Apt.	#, e tc.		Suite, Apt. #, etc.				5. Certificate of Status De	sired 🔲		Additional equired
22 City & State		27	City & State							<u>-</u> -
	3	<u></u>	 				6. Election Campaign Fina			May Be
23 Zip	Country	28	Zip Country				Trust Fund Contribution			to Fees
24	-		<u>⊢</u>				8. This corporation owes o			tangible DiNo
Name and Address of Curren			29 30 Begistered Agent				Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent			
We	RIGHT, HENRY C II	it nogistered	Agoin		81	Name	10. Traine and Addison of	How Hogistalog	Agoin.	·
	OS OVERBROOK DR									
			82 Street			Street Add	dress (P.O. Box Number is Not A	(cceptable)		
UH	MOND BEACH FL 32174				83				-	
					03					i
					84	City			85 Zip	Code
								<u> </u>	•	
11, Pursuant	to the provisions of Sections 607,056 egistered agent, or both, in the Stato m familiar with, and accept the oblig	02 and 607.15 5 of Florida, Sc	08, Florida Statu ich change was	tes, the a	bove d hy	named co	rporation submits this statement	for the purpose o	f changing i	ts registered
agent. I a	m famili ar with, and accept the oblig	ations of, Sec	tion 607.0505, F	lorida Sta	tutes	ino corpon 5.	and to board of an obtain. Those	o, docopi aid api	Jon In Horn ac	rogistoros
SIGNATURE										
	Signature, typed or printed harse of registered ag-			·	d Age	of signature req	uired when reinstating)	DATE		
12.	OFFICERS AN	D DIRECTOR		13.			ADDITIONS/CHANGES 1	O OFFICERS AND		
TITLE	▼ *		DELETE	1.1]]	ITLE				Change	☐ Addition
NAME	WRIGHT, HENRY C			1.2 N	AME					
STREET ADDRESS	1305 OVERBROOK DR			1.3 \$	TREET	ADDRESS				
CITY-ST-ZIP	ORMOND BEACH FL 32174				1.4 CITY - ST - ZIP					
TITLE	DV		☐ DELETE	2.1 7	ITLE	}			Change	Addition
NAME	WRIGHT, JOYCE L			2.2 N	AME					ļ
STREET ADDRESS	1305 OVERBROOK DR			2.3 S	TREET	ADDRESS				1
CITY-ST-ZIP	ORMOND BEACH FL 32174			2.40	HY-S	T-2IP				
TITLE			DELETE	3.1 7	ITLE				Change	☐ Addition
NAME				32 N	AME	- 1				1
STREET ADDRESS				3.3 S	TREET	ADDRESS				ļ
CITY-ST-ZIP				3.4. 0	ity-s	T- 71P				
TITLE			DELETE	4 1 TI	1LE				Change	Addition
NAME				4.21	AME	1				ļ
STREET ADDRESS				4.3 S	TREET	ADDRESS				1
CITY-ST-ZIP				4.4 C	ITY-\$	1- ZIP				
TITLE			DELETE	5.1 TI					Change	Addition
NAME				5.2 N		1			•	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP					ITY-51	1				1
TITLE			DELETE	6.1 TI		1-411			Change	Addition
			La pattit						change	L. J ribution
NAME STORET ADDRESS				6.2 N		YDDDCCC				
STREET ADDRESS						ADDRESS				Į
CITY-ST-ZiP				■ 64 C	ITY-S	1-71P				ŀ

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 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.

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