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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000078184 (5)

COOL SOLUTIONS, INC.

Principal Place of Business

SIGNATURE:

Mailing Address

## FILED Jan 30 1998 8:00am Secretary of State



6704 FARRAGUT ST HOLLYWOOD FL 33024		6704 FARRAGUT ST HOLLYWOOD FL 33024					
					DO NOT WRITE IN THIS SI  3. Date Incorporated or Qualified	PACE	
					10/12/1995		
2. Principal Place of Business		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Ap	plied For
21		26	26		65-0614307	No	t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	
22		27			3. Certificate of Clauda Dealfed	Fee Re	quired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	— ·	Zip Count		8. This corporation owes or has paid the current year Intangible		
24		25   29   30    Jame and Address of Current Registered Agent			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
	<del> </del>	rent Registered Agent		81 Name	10. Name and Address of New Registered A	gent	
	SCALE, JOHN A		oi vaine				
	04 FARRAGUT ST		82 Street Add		ress (P.O. Box Number is Not Acceptable)		
пс	DLLYWOOD FL			83			
		$\widehat{}$		84 City	FL	<b>85</b> Zip (	
11. Pursuant	to the provisions of Sections 607.0	502 and 607 1508, Florida Statu	tes, the a	bove-named corp	poration submits this statement for the purpose of clon's board of directors. I hereby accept the appo	hanging it	s registered
office of r agent. I a	egistered agent, or both, in the Sta m familiar with, agd accept the ob	ate of Florida. Such change was lightions of, Section 607.0505, Fl	autnorize Iorida Stai	d by the corporati tutes.	ion's board of directors. I hereby accept the appo	ıntment as	registerea
SIGNATURE	// / / //	1 all		525.	ed when reinstating) Sa~. 2 2	. 199	\$ ·
SIGNATURE	Signature, typed or projed name of registered	agent and title if applicable. (NO		d Agent signature requin	red when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	PSTD V	☐ DELETE	1.1 TI	TLE	L	Change	☐ Addition
NAME	PASCALE, JOHN A		1.2 N	AME			
STREET ADDRESS	6704 FARRAGUT ST		1.3 S	TREET ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL		1.4 C	TY-ST-ZIP			
TITLE		■ DELETE	2.1 TI	i	L	Change	Addition
NAME			2.2 N	AME			
STREET ADDRESS			2.3 5	FREET, ADDRESS		-	
City - St - ZIP				iTY-ST-ZiP		-1 a.	(  4 . m)
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NAME			3,2 N	- I			
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TITLE		☐ DELETE	4.1 TI	<b>!</b>	L	Change	Addition
NAME			4.2 N				
STREET ADDRESS				TREET ADDRESS			1
CITY-ST-ZIP		DELETE		TY-ST-ZIP		Channa	1 dedition
TITLE			5.1 11	ILE '	Ł	Change	Addition
NAME (		T Defete					
1		£ DELESE	5.2 N				
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STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	5.3 ST 5.4 CI 6.1 TI 6.2 N/	TREET ADDRESS TY-ST-ZIP TLE AME		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP TITLE		_	5.3 S1 5.4 GI 6.1 TI 6.2 N/ 6.3 S1	TREET ADDRESS TY-ST-ZIP TLE		Change	Addition