## 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 Jan 31 1997 8:00am Secretary of State

Daytime Phone #

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DOCUMENT # P96000039746 (8)

COOL CATS LIMITED, INC.

Principal Place of Business Mailing Address						·····			I IDDI/ADI NO IBIID DAIN BOIM ROMI BOMI DRIDO MINO NOM SOUI DIDID DAIN 1881			
612 45TH AVE N ST. PETERSBURG FL 33703				612 45TH AVE N ST. PETERSBURG FL 33703-4723								
									3. Date Incorporated or Qualified 05/03/1996	3a. Da	te of Last R	eport
2. Principal Place of Business				2a. Mailing Address					4. FEI Number			plied For
21				26					59-337775		<del></del>	t Applicable
Suite, Apt. #, etc.				Suite. Apt. #, etc.					5. Certificate of Status Desired			
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip Country			28	Zip Country								
24	25		29	¬ ' —		Codinity		Ì	This corporation has liability for intangible tax under s. 199.032,     Florida Statutes			
9. Name and Address of Current								10. Name and Address of New Registered Agent				
GMELIN, SCOTT							Name			F	<del></del>	
612 45TH AVE N ST. PETERSBURG FL 33703						62	Street A	Address	(P.O. Box Number is Not Acceptab	ole)		
SI. 1	PETERSBURG	3 FL 33/03				83					······································	
						84	City			FL	<b>85</b> Zip	Code
11. Pursuant to office or reagent. Lac	to the provision egistered ager im familiar with	ns of Sections 607. it, or both, in the Si , and accept the ot	0502 and 6 ale of Flori oligations o	07.1508, Florida Sta da. Such change wa f, Section 607.0505,	tules, the as authori Florida S	e above ized by Statutes	e-named the corp s.	corpora oration	tion submits this statement for the p is board of directors. I hereby accep	ourpose of of the app	changing it ointment as	s registered registered
SIGNATURE	Signature, typed or	printed name of registers	l agent and the	if applicable (N	NOTE: Regis	lered Age	ent signature	required w	hen reinstating)	DATE	·····	
12. OFFICERS AND							13.		ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	D			DELETE	1.	.1 TITLE					Change	Addition
NAME	GMELIN, S				1.	2 NAME						
STREET AUDRESS	612 45TH				1.	.3 STREET	ADDRESS					
CITY-S1-7/P	ST. PETER	SBURG FL 3370	3		1.	4 CITY-S	3T- <b>Z</b> IP				<del></del>	
THILE	D			☐ DELETE	2.	.1 TITLE					Change	Addition
NAME	GMELIN, C				2	2 NAME	İ					
STREET ADDRESS	612 45TH		_		2	3 STREET	ADDRESS					
CITY-ST-71P	ST. PETER	SBURG FL 3370	3			4 CITY-	ST-ZIP		· · · · · · · · · · · · · · · · · · ·		<del></del>	
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NAME	•				ľ	.2 NAME						
STREET ADDRESS							T ADDRESS					
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TITLE				☐ DELETE		.1 TITLE					☐ Change	Addition
NAME						.2 NAME						
STREET ADDRESS							ADDRESS					
CITY-ST-7IP	<u></u>		م النب المسالم	da filma daga n=4 ==	δ	4 CITY-5	ST-ZIP	<u></u>	Caption 110 07/2Vi). Elevido Cintudo	a. 1 f. mila a		tho

4. 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 if changed, or on an attachment with an address.

**SIGNATURE:**