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 # P9600039746 (8)

FILED Feb 03 1998 8:00am Secretary of State

COOL	CATS LIMITED, INC.	,				######################################
Principal Place of Business Mailing Address					I HODITORI FIN TRICK BIFFL ROFIF BRIFF DURIL	ORIGO DILLO IDDIA DODIA DIBAR DIALE RODE
612 45TH AVE N 612 45TH AVE N ST. PETERSBURG FL 3370					DO NOT WRITE IN	N THIS SPACE
					3. Date Incorporated or Qualified	
A Policial and the	21				05/03/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					59-3377758	Not Applicable
22		27			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State					6. Election Campaign Financing	\$5.00 May Be
23	7:0		1 6		Trust Fund Contribution	Added to Fees
Zip	Country Zip		Countr	У	8. This corporation owes or has paid	the current year Intangible
24	25 9, Name and Address of Curren	1 Peoletored Acent	30		Personal Property Tax due June 30	
-		r negistered Agent	81	Name	10. Name and Address of New Regi	iterea Agent
GMELIN, SCOTT				Name		
612 45TH AVE N			82	Street A	ddress (P.O. Box Number is Not Acceptable)
51	. PETERSBURG FL 33703		83			
			0.	1		
			84	City		B5 Zip Code
44 Durayant	to the provisions of Sections 607 050	2 and CO7 1500 Elected Statut		1		FL B 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 register 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 registere agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.						
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	orida Statute	S.	,,,,,,,,	no appearantem as registered
SIGNATURE	Signature, typed or printed name of registered age	and all the state of the state				
12.	OFFICERS AND		13.	ent signature ra	quired when reinstating) ADDITIONS/CHANGES TO OFFICER	DATE
TITLE	D				ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	GMELIN, SCOTT		1.2 NAME			
STREET ADDRESS	A.A. Andria S. M. A.		1.3 STREET ADDRESS			
CITY-ST-ZiP			1.4 CITY-ST-ZIP			
TITLE			2.1 TITLE	51 - 217		Change Addition
NAME	OLICANIA OLICATIVA		2.2 NAME			
STREET ADDRESS	612 45TH AVE N		2.3 STREE	ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL 33703		2. 4 CITY -	ST-7IP		
TITLE			3.1 TITLE			Change Addition
NAME	321		3.2 NAME	1		
STREET ADDRESS	ESS 3.		3.3 STREET	ADDRESS		
CITY-ST-ZIP	3		3.4. CITY~	ST-ZIP		
TITLE	- DELETE		4.1 TITLE			Change Addition
NAME	4.2		4. 2 NAME]		
STREET ADDRESS			4.3 STREET	ADDRESS		
CITY-ST-ZIP			4.4 CITY - 9	ST - ZIP		f
THTLE	·	DELETE	5 1 TITLE			Change Addition
NAME	521		5.2 NAME			
STREET ADDRESS	:SS 53S		5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY - S	T - ZIP		
TITLE	DELETE 6.17		6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
			6.4 CITY-S			
 I hereby control indicated re 	eriny that the information supplied wit on this annual report or suppliemental	h this filing does not qualify for	the exemp	tion stated	in Section 119.07(3)(i), Florida Statules. I furt	her certify that the information

4. 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 suppliemental annual report strue and accurate and that my signature shall have the same legal effect as if made undor oath; that I am an officer or director of the corporation or the receiver of trusted or powered 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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