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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # P96000045891

1. Corporation Name COOL DUDES, INC.

FILED Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90041 006 ***150.00



		Maille - Addraga							
Principal Place		Mailing Address							
1950 GRANT STREET STE 4 HOLLYWOOD FL 33020		1950 GRANT STREET STE 4 HOLLYWOOD FL 33020							
HOLL I WOOD F	. 33020	110EC 111000 FE 33020			DO NOT WRIT	TE IN THIS	SPACE		
					3. Date incorporated or Qualifed]
					05/30/1996				1
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		I A	pplied For	1
21		26			65-0708745			lot Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	1
22		27			5. Certifcate of Status Desired		Fee F	Required	
- City & State		City & State			-6. Election Campaign Financing		- \$5.00	May Be	_
23		28			Trust Fund Contribution			I to Fees	
Zip	Country	Zip	Countr	ту	8. This corporation owes the curre	ent year Inta	ngible	·	
24	25	29 30	<u> </u>		Personal Property Tax.		☐Yes	□No	
<u> </u>	9. Name and Address of Current	t Registered Agent			10. Name and Address of New R	egistered /	Agent		
			8	1 Name					
TOCCO, CHARLES S			82 Street Add		ess (P.O. Box Number is Not Accepta	hia)			ł
	GRANT STREET STE 4		82 5		ess (F.O. Box Number is Not Accepte	iDie)	,		ļ
HOL	LYWOOD FL 33020		8	3		.~	•		1
							I - I -		-
	•		8	4 City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the abo	ve-named corp	oration submits this statement for the	purpose of	changing it	ts registered	ĺ
office or re	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida. Such change was auth	onzed b	y the corporation	on's board of directors. I hereby accep	t the appoir	ntment as r	egistered	
SIGNATURE	•					DATE			l
	Signature, typed or printed name of registered agent	tand trie frapplicable. {NO1E: Re	gistered Ag	ent signature require	a when remstaung)	DATE			ہ ا
			42			EICEDS AN	D DIRECT	ORS IN 12	6
12.	OFFICERS ANI	D DIRECTORS	13.	1	ADDITIONS/CHANGES TO OF	FICERS AN			100,44
12.	OFFICERS AND		1.1 TITLE			FICERS AN	D DIRECT		100,447
12. TITLE NAME	OFFICERS AND D TOCCO, CHARLES S	D DIRECTORS	1.1 TITLE 1.2 NAME			FICERS AN			144,000
12. TITLE NAME STREET ADDRESS	D TOCCO, CHARLES S 3331 FOREST DR	D DIRECTORS	1.1 TITLE 1.2 NAME 1.3 STRE	ET ADDRESS		FICERS AN			44,000
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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 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 any address, with all other like empowered.

SIGNATURE:

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98