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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000052913 (6)

ENVIROCOOL, INC.

CITY-ST-ZIP

Principal Place of Business Mailing Address 943 SW 14TH AVENUE 343 SW 14TH AVENUE POMPANO BEACH FL 33069 POMPANO BEACH FL 33069-3509 3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1996 Principal Place of Business 2a. Mailing Address FF1 Number Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, ctc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Bo 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 ☐ Yes ☐ No 30 Florida Statutes g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **GARGIULO**, TAMARA 343 SW 14TH AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) POMPANO BEACH FL 33069 83 84 City Zip Code 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 registered 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 registered agent, it am familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELE 1E 1.1 TITLE Change ☐ Addition NAME 1.2 NAME STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP 14 CITY- \$1 - ZIP DELETE TITLE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 City - ST - ZiP TITI F 3.1 1(TLE Change Addition NAME 3 2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - S1 - ZIP DELETE TITLE 4.1 JULE Change Addition NAME 4. 2 NAMU STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-7IP TITLE DELF1E 5.1 THE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STHEET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELFTE TITLE 61 THLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST- ZIP 14. 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.

FILED

May 14 1997 8:00am

Secretary of State