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May 11, 2000 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000052913

1. Corporation Name
ENVIROCOOL, INC.



Principal Place of Business
 701 NW 7TH TERR
 FT LAUDERDALE FL 33311
 US

Mailing Address
 343 SW 14TH AVENUE
 POMPANO BEACH FL 33069

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 701 NW 7th Terrace

22 City & State

27
 28 Ft. Lauderdale, FL

23 Zip Country

29 33311 30 USA

3. Date Incorporated or Qualified
 06/19/1996

4. FEI Number
 65-0675707

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

GARGIULO, TAMARA
 343 SW 14TH AVENUE
 POMPANO BEACH FL 33069

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
 701 NW 7th Terrace

84 City Ft. Lauderdale FL 85 Zip Code 33311

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 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE *1-26-99*

12. OFFICERS AND DIRECTORS

TITLE P
 NAME GARGIULO, EUGENE
 STREET ADDRESS 2573 SE 9TH STREET
 CITY-ST-ZIP POMPANO BEACH FL DELETE

TITLE V
 NAME GARGIULO, TAMARA
 STREET ADDRESS 2573 SE 9TH STREET
 CITY-ST-ZIP POMPANO BEACH FL DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Change Add

1.1 TITLE
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP Change Add

2.1 TITLE
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP Change Add

3.1 TITLE
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP Change Add

4.1 TITLE
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP Change Add

5.1 TITLE
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP Change Add

6.1 TITLE
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: *[Signature]*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-99
 Date Daytime Phone #