PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000016581

1. Corporation Name

COLD WATER CORP.

Principal P	ace of	Business
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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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Zip

429 SOUTH BEACH RD. HOBE SOUND FL 33455 Mailing Address

429 SOUTH BEACH RD. HOBE SOUND FL 33455

2a. Mailing Address

Suite, Apt. #, etc.

City & State

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FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90019 018 ***150.00



	DO NOT WRITE	IN TH	IS SPACE	
•	3. Date Incorporated or Qualifed			
	02/20/1997	_		
	4. FEI Number		A	oplied For
	65-0730330	No	ot Applicable	
	5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<u> </u>	6. Election Campaign Financing Trust Fund Contribution		•	May Be to Fees
·	This corporation owes the currer Personal Property Tax.	nt year l	ntangible X Yes	□No
	40 Name and Addrose of Nov Po	nietoro	d Agent	

ANGELL CORPORATE SERVICES, INC. 250 ROYAL PLAM WAY SUITE 300 PALM BEACH FL 33840

Country

9. Name and Address of Current Registered Agent

81	Name			
82	Street Address (P.O. Box Number is Not Acceptable)			
83	****			
84	City .	FL	85	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 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.

Country

30

SIGNATURE Streeture, typed or printed pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE							
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO		RS IN 12		
12.		1.1 TITLE	ADDITIONO/OFFICE TO	☐ Change	Addition		
TITLE	-			. — •	_		
NAME	DOMENCICH, THOMAS	1.2 NAME	•				
STREET ADDRESS	429 SOUTH BEACH ROAD	1.3 STREET ADDRESS			į.		
CITY-ST-ZIP	HOBE SOUND FL 33455	1.4 CITY-ST-ZIP					
TITLE	☐ DELETE	2.1 TITLE		☐ Change	☐ Addition		
NAME		2.2 NAME			,		
STREET ADDRESS		2.3 STREET ADDRESS					
CITY-ST-ZIP		2. 4 CITY-ST-ZIP					
TITLE:	DELETE	3.1 TITLE ~~~~	ما الريمية المارية الم المارية المارية	Change	☐ Addition		
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET, ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	☐ DELETE	4.1 ΠΤLE		Change	☐ Addition		
NAME	•	4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE		☐ Change	☐ Addition		
NAME		5.2 NAME			ţ		
STREET ADDRESS		5.3 STREET ADDRESS			ì		
CITY-ST-ZIP	·	5.4 CITY-ST-ZIP					
TITLE	☐ DELETE	6.1 TITLE		☐ Change	Addition		
NAME		6.2 NAME			į		
STREET ADDRESS	•	6.3 STREET ADDRESS					
CITY-ST-ZIP*-::	A thing of the control of the state of the s	6.4 CITY-ST-ZIP					
14 I boroby o	actify that the information supplied with this filing does not qualify for the	a exemption states	Lin Section 110 07/3\/i\ Florida Statute	is I further certify that the in	tormation		

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 appetrachment with an address, with all other like empowered.