

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P97000022597

1. Corporation Name  
COOL CONCEPTS PLUS, INC.

FILED

99 AUG -6 PM 4:20

SECRETARY OF STATE



Principal Place of Business  
5221 OCEAN BLVD #254  
SARASOTA FL 34242

Mailing Address  
5221 OCEAN BLVD #254  
SARASOTA FL 34242

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/12/1997

4. FEI Number

65-0729719

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LINEHAN, DAVID  
5221 OCEAN BLVD #254  
SARASOTA FL 34242

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when retaking)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
LINEHAN, DAVID  
5221 OCEAN BLVD #254  
SARASOTA FL 34242

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

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

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

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

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 ☐ Addition

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP  
800002962388--3  
-08/17/99--01066--017

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP  
\*\*\*150.00 \*\*\*150.00

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP  
☐ Change ☐ Addition

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP  
☐ Change ☐ Addition

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP  
☐ Change ☐ Addition

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP  
☐ Change ☐ Addition

71 TITLE  
72 NAME  
73 STREET ADDRESS  
74 CITY-ST-ZIP  
☐ Change ☐ Addition

81 TITLE  
82 NAME  
83 STREET ADDRESS  
84 CITY-ST-ZIP  
☐ Change ☐ Addition

91 TITLE  
92 NAME  
93 STREET ADDRESS  
94 CITY-ST-ZIP  
☐ Change ☐ Addition

101 TITLE  
102 NAME  
103 STREET ADDRESS  
104 CITY-ST-ZIP  
☐ Change ☐ Addition

111 TITLE  
112 NAME  
113 STREET ADDRESS  
114 CITY-ST-ZIP  
☐ Change ☐ Addition

121 TITLE  
122 NAME  
123 STREET ADDRESS  
124 CITY-ST-ZIP  
☐ Change ☐ Addition

131 TITLE  
132 NAME  
133 STREET ADDRESS  
134 CITY-ST-ZIP  
☐ Change ☐ Addition

141 TITLE  
142 NAME  
143 STREET ADDRESS  
144 CITY-ST-ZIP  
☐ Change ☐ Addition

151 TITLE  
152 NAME  
153 STREET ADDRESS  
154 CITY-ST-ZIP  
☐ Change ☐ Addition

161 TITLE  
162 NAME  
163 STREET ADDRESS  
164 CITY-ST-ZIP  
☐ Change ☐ Addition

171 TITLE  
172 NAME  
173 STREET ADDRESS  
174 CITY-ST-ZIP  
☐ Change ☐ Addition

181 TITLE  
182 NAME  
183 STREET ADDRESS  
184 CITY-ST-ZIP  
☐ Change ☐ Addition

191 TITLE  
192 NAME  
193 STREET ADDRESS  
194 CITY-ST-ZIP  
☐ Change ☐ Addition

201 TITLE  
202 NAME  
203 STREET ADDRESS  
204 CITY-ST-ZIP  
☐ Change ☐ Addition

211 TITLE  
212 NAME  
213 STREET ADDRESS  
214 CITY-ST-ZIP  
☐ Change ☐ Addition

221 TITLE  
222 NAME  
223 STREET ADDRESS  
224 CITY-ST-ZIP  
☐ Change ☐ Addition

231 TITLE  
232 NAME  
233 STREET ADDRESS  
234 CITY-ST-ZIP  
☐ Change ☐ Addition

241 TITLE  
242 NAME  
243 STREET ADDRESS  
244 CITY-ST-ZIP  
☐ Change ☐ Addition

251 TITLE  
252 NAME  
253 STREET ADDRESS  
254 CITY-ST-ZIP  
☐ Change ☐ Addition

261 TITLE  
262 NAME  
263 STREET ADDRESS  
264 CITY-ST-ZIP  
☐ Change ☐ Addition

271 TITLE  
272 NAME  
273 STREET ADDRESS  
274 CITY-ST-ZIP  
☐ Change ☐ Addition

281 TITLE  
282 NAME  
283 STREET ADDRESS  
284 CITY-ST-ZIP  
☐ Change ☐ Addition

291 TITLE  
292 NAME  
293 STREET ADDRESS  
294 CITY-ST-ZIP  
☐ Change ☐ Addition

301 TITLE  
302 NAME  
303 STREET ADDRESS  
304 CITY-ST-ZIP  
☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/20/99

800 4-A-STUDIO

11/23/99 2:59 PM