

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90112 019 ***150.00

DOCUMENT # P97000044623

1. Corporation Name

COOL SOLUTIONS AIR CONDITIONING INC.

Principal Place of Business

**719 N.W. 41 STREET
FT. LAUDERDALE FL 33309**

Mailing Address

**719 N.W. 41 STREET
FT. LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/16/1997

4. FEI Number

65-0756066

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

21 81 NW 45 Street
Suite, Apt. #, etc.

2a. Mailing Address

26 81 NW 45 Street
Suite, Apt. #, etc.

City & State

23 Ft LAUDERDALE

City & State

28 Ft LAUDERDALE

Zip

24 33309

Country

25 US

Zip

29 33309

Country

30 US

9. Name and Address of Current Registered Agent

**TAYLOR, KELLY
719 N.W. 41 STREET
FT. LAUDERDALE FL 33309**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

81 NW 45 Street

83

84 City

Ft LAUDERDALE

FL

85 Zip Code

33309

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 reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE **PTD** ☐ DELETE

NAME **TAYLOR, KELLY**
STREET ADDRESS **719 NW 41ST STREET**
CITY-ST-ZIP **FT LAUDERDALE FL 33309**

TITLE **S** ☒ DELETE

NAME **TAYLOR, KRISTI**
STREET ADDRESS **4184 LAKESIDE DR**
CITY-ST-ZIP **TAMARAC FL 33319**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition

1.2 NAME **DAVID A BADGER**
1.3 STREET ADDRESS **719 NW 41 STREET**
1.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

2.1 TITLE **PRESIDENT** ☒ Change ☐ Addition

2.2 NAME **KELLY TAYLOR**
2.3 STREET ADDRESS **81 NW 45 STREET**
2.4 CITY-ST-ZIP **FT LAUD., FL 33309**

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition

3.2 NAME **ADAM HALPERIN**
3.3 STREET ADDRESS **81 NW 45 STREET**
3.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33309**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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: **Kelly Taylor** **KELLY TAYLOR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR

1/29/99 **(954) 229-1084**
Date Daytime Phone #

CR2E034 (11/98)