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FILED
Feb 18, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



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

02-18-1999 90102 032 ****150.00

DOCUMENT # P97000044962

1. Corporation Name
COOL-MAN INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2363 SOUTH OCEAN BOULEVARD, HIGHLANDS BEACH FL 33444
Mailing Address: 2363 SOUTH OCEAN BOULEVARD, HIGHLANDS BEACH FL 33444

3. Date Incorporated or Qualified: 05/19/1997
4. FEI Number: 65-0760872
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: [X] Yes [] No

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: JODI B. GREEN, P.A., 1499 WEST PALMETTO PARK ROAD, SUITE #300, BOCA RATON FL 33486

10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, State (FL), and 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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------------|---|-------------------------|
| TITLE | PSD | 1.1 TITLE | [] Change [] Addition |
| NAME | DOYLE, CLYNTON G | 1.2 NAME | |
| STREET ADDRESS | POST OFFICE BOX 1210 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | NIGEL SOUTH AFRICA | 1.4 CITY-ST-ZIP | |
| TITLE | VTD | 2.1 TITLE | [] Change [] Addition |
| NAME | SULLIVAN, CHALLEN | 2.2 NAME | |
| STREET ADDRESS | 2363 SOUTH OCEAN BOULEVARD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | HIGHLANDS BEACH FL 33444 | 2.4 CITY-ST-ZIP | |
| TITLE | | 3.1 TITLE | [] Change [] Addition |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | | 4.1 TITLE | [] Change [] Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | [] Change [] Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | [] Change [] Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(f), 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: _____ Date: _____ Daytime Phone #: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)