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**

DOCUMENT # **P97000044962** 1. Corporation Name

COOL-MAN INC.

							<u> </u>			
Principal Place of Business Mailing Address										
2363 SOUTH OCEAN BOULEVARD 2363 SOUTH OCEAN BOULEVARD										
HIGHLANDS BEACH FL 33444 HIGHLANDS BEACH FL 33				44			DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							05/19/1997			
Principal Place of Business 2a. Mailing Address							4. FEI Number	Applied For		
26							65-0760872	Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #,			#, etc.	etc.			5. Certificate of Status Desired	\$8.75 Additional		
27							5. Certificate of Status Desired Fee Required			ed
City & Stat	te	City & Sta	City & State				6. Election Campaign Financing \$5.00 May Be			Be
:3		28					Trust Fund Contribution	Add	ed to Fe	es
Zip	Country	Zip	_	_ Cour	ntry		8. This corporation owes the current year			
4	25	29	30	<u> </u>			Personal Property Tax.	Yes		10
	9. Name and Address of Cur	rrent Registered Ager	nt		81		10. Name and Address of New Registere	d Agent		
IOD	I P COEEN DA				81	Name				
JODI B. GREEN, P.A. 1499 WEST PALMETTO PARK ROAD					82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	F #300	AU			-					
	A RATON FL 33486				83					
000	W 1541011 F 20400			ŀ	84	City		85 2	ip Code	
							F	_		
11. Pursuant	to the provisions of Sections 607.0	0502 and 607.1508, Fig ate of Florida, Such cha	orida Statutes, ange was auth	the ab	00V8-r hv th	named corp e comoratio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing ointment a	j its regis s reaiste	sterea red
agent. I a	m familiar with, and accept the obl	ligations of, Section 60	7.0505, Florida	a Statu	tes.	o 00.po.u			- · - J · - · ·	
SIGNATURE										
Signature, typed or printed name of registered agent and title if applicable. (NOTE:					Agent si	ignature require	d when reinstating) DATE			
12.	OFFICERS AND DIRECTORS			13.			ADDITIONS/CHANGES TO OFFICERS			
TITLE	PSD DELETE			1.1 TITLE				Chan	y e _	Addition
NAME	DOYLE, CLYNTON G	•		1.2 NA						
STREET ADDRESS	POST OFFICE BOX 1210			1.3 STI	REET AL	DDRESS				
CITY-ST-ZIP	NIGEL SOUTH AFRICA			1.4 CITY+ST+ZIP						
TITLE	VTD DELETE		DELETE	2.1 TITLE		i		Char	ige L	Addition i
NAME	SULLIVAN, CHALLEN			2.2 NA	ME					
STREET ADDRESS	2363 South Ocean Boul	evard		2.3 ST	REETA	DDRESS				
CITY-ST-ZIP	HIGHLANDS BEACH FL 334			2. 4 CI	Y-ST-	ZIP				
TITLE	☐ DELETE		DELETE	3.1 TITLE			1	Char	ge [Addition
NAME				3.2 NA	ME					
STREET ADDRESS				3.3 STF	REET AC	DDRESS				- 1
CITY-ST-ZIP				3.4. CII	ry-st-a	ZIP				
TITLE			DELETE	4.1 TITI	LE			☐ Chan	ge 🗆	Addition
NAME				4. 2 NA	ME					
STREET ADDRESS				4.3 STF	REETAL	ODRESS				
CITY-ST-ZIP				4.4 CIT	Y-ST-Z	'IP				
TITLE			DELETE	5.1 TITI				☐ Chan	ge 🗆	Addition
NAME				5.2 NA	ME	ĺ	· ·			
STREET ADDRESS				5.3 STF	REETAL	DORESS	•			
CITY-ST-ZIP				5.4 CIT	Y-ST-Z	IP				1
TITLE			DELETE	6.1 TITI	LE			[] Chan	ge 🗆	Addition
NAME		_		6.2 NA	ME			_		

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

BYCEMATUR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Feb 18, 1999 8:00am

Secretary of State

TI MARINARU MIR MRIMA NORMA BRANK RENKA BORNI RENKA BURUK BURUK BURUK DIRAK ANKAR MIKAT MENA

02-18-1999 90102 032 ***150.00

Daytime Phone #