

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 02, 1999 8:00 am  
Secretary of State

03-02-1999 90064 029 \*\*\*150.00

DOCUMENT # P97000058291

1. Corporation Name

CABANA COOLERS, INC.

Principal Place of Business

4718 STONEPOINTE PLACE  
TAMPA FL 33634

Mailing Address

4718 STONEPOINTE PLACE  
TAMPA FL 33634

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/01/1997

4. FEI Number

59-3458017

Applied For

Not Applicable

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. ☐ Yes ☒ No

2. Principal Place of Business

21 427 48th ST. CT. W.

2a. Mailing Address

26 427 48th ST. CT. W.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1  
City & State

23 PALMETTO PT FL

Zip Country

24 34221 25 USA

27  
City & State

28 PALMETTO PT FL

Zip Country

29 34221 30 USA

9. Name and Address of Current Registered Agent

RIOS, JAMES  
4718 STONEPOINTE PLACE  
TAMPA FL 33634

10. Name and Address of New Registered Agent

81 Name MICHAEL FABRY

82 Street Address (P.O. Box Number is Not Acceptable)  
427 48th St Ct. W.

83

84 City PALMETTO POINT FL 85 Zip Code 34221

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)

1/19/99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME ~~RIOS, JAMES~~  
STREET ADDRESS ~~4718 STONEPOINTE PLACE~~  
CITY-ST-ZIP ~~TAMPA FL 33634~~

TITLE D  
NAME ~~RIOS, LYNN H~~  
STREET ADDRESS ~~4718 STONEPOINTE PLACE~~  
CITY-ST-ZIP ~~TAMPA FL 33634~~

TITLE D  
NAME FABRY, MARCIA  
STREET ADDRESS 427 48TH ST CT W  
CITY-ST-ZIP PALMETTO POINT FL 34221

TITLE D  
NAME FABRY, MICHAEL  
STREET ADDRESS 427 48TH ST CT W  
CITY-ST-ZIP PALMETTO POINT FL 34221

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/99 941-723-1090  
Date Daytime Phone #

CR2E034 (1/198)

039713