

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

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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

2. Principal Place of Business 21 427 48th ST. CT. W. Suite, Apt. #, etc.

2a. Mailing Address 26 427 48th ST. CT. W. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

22 1 City & State 23 PALMETTO PT FL

27 City & State 28 PALMETTO PT FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 34221 25 USA

29 34221 30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIOS, JAMES 4718 STONEPOINTE PLACE TAMPA FL 33634

81 Name MICHAEL FABRY 82 Street Address 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] DATE 1/19/99

Table with 2 main columns: 12. OFFICERS AND DIRECTORS and 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Rows include names like RIOS, JAMES, RIOS, LYNN H, FABRY, MARCIA, FABRY, MICHAEL with titles, addresses, and checkboxes for change/addition/delete.

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] DATE 1/19/99 Daytime Phone # 941-723-1090

CR2E034 (1/198)