## 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

## Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90124 013 \*\*\*158.75

DOCUMENT # Pano 1. Corporation Name  Florida Cooling	Technologies Inc.
Principal Place of Business	Mailing Address

, 10	J ,			
Principal Place of Business	Mailing Address			
1521 Alton Road 3	)17		DO NOT WRITE IN TH	IS SPACE
M. Beach, Fl 33139	7		3. Date Incorporated or Qualifed	
•			7-14-97	
2. Principa Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Same	26 Same		65-0773568	Not Applicable
Suite, A st. #, etc. 22 # 317	Suite, Apt. #, etc. 27		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State  23 U Black FL	City & State  28	L	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Cour try	Zip	Country	8. This corporation owes the current year	Intangible
24 33 139 25 USA	29 33139 30	0 USA _	Personal Property Tax.	☐ Yes ☐ No
9. Name and Address of Curr	rent Registered Agent		10. Name and Address of New Registere	d Agent
Isabel Conza	lez		ess (P.O. Bo; Number is Not Acceptable)	
2061 N. BayRo	d	<u> </u>		
M.B. FL 331	40	83		
		84 City V .	Beach F	L 85 Zip Code 33/140
11. Pursuant to the provisions of Sections 607.0 office or egistered agent, or both, in the Sta	ate ( f Florida. Such change was auth	norized by the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the api	of changing its egistered pointment as registered
agent. I am familiar with, and accept the obli	igations of, Section 607.0505, Florid	a Statutes.	Acr	1 10 1999
SIGNATUF II	and title if Acable (NOTE: Re	egistered Agent signature required	d when reinstating CATE	
12. OFFICERS	ANI) DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12

President ☐ Change Addition DELETE 1.1 TITLE TITLE President Ramon Gonzalez Isabel Conzalez. 12 NAME NAME 2061 NBayed 1.3 STREET ADDRESS STREET ADDRESS 1 4 CITY-ST-ZIP M.B. FL 33140 CITY-ST-ZIP ddition DELETE ☐ Change 2.1 TITLE TITLE Vice-President Ramon Conzalez 2 2 NAME Isabel Conzaloz NAME 2061 N. Bay Rd 2061 N BAY Rd. MBFL 35140 2 3 STREET ADDRESS STREET ADDRESS UB FL 33140 2. 4 CITY-ST-ZIP CITY-ST-ZIP **C**VELETE Secretar j ☐ Change Addition 31 TITLE TITLE Secretary Isabel Gonzalez 2001 D Bayed LIBFL 33140 Ramon Conzaloz 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS MBFL 33140 34, CITY-ST-ZIP CITY-ST-ZIP Change Addition THE ELETE 4 1 TITLE Treasurer treasurer TITLE 4 2 NAME Ramon (bonzale, z NAME Isabel Gonzaloz 2061 N. Bay Rd UBFL 33140 2061 NBayed 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition □ DELETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE Change ☐ Addition □ DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

14. I heret y certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further pertify 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 2 or Block 13 if charger, or on an attachment with an address, with all other like empowered.

64 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

IG OFFICE R OR DIRECTOR

CR2E034 (11/98)