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 # P97000072379

1. Corporation Name

2 COOL SOFTWARE SOLUTIONS, INC.

Principal Place	of Business	Ma	iling Address					1111		EI OBAII OOI		18814) 1888 (1811)	
6659 NW 70TH			9 NW 70TH AVE.				\						
FT. LAUDERDALE FL 33321		FT.	FT. LAUDERDALE FL 33321					DO NOT WRITE IN THIS SPACE					
							ŀ	3 Date Inc	orporated or C		E IN II IIC	JI AUL	
								08/20/		addino.			
2. Principal Pl	ace of Business	2a.	Mailing Address					4.: FEI Num		,		A	oplied For
21		26	J					65-077	78607			N.	ot Applicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					i	e of Státůs De	esired '	⊡- +		Additional
22		27						4. 4. 1. 1. 1. 1. 1. 1. 1. 1					equired
City & State	9	\vdash	City & State						Campaign Fir	_			May Be to Fees
23	0-1-1-1	28	7:0	Cor	intry				nd Contributio				to rees
Zip	Country	20	Zip	30	ii itt y				poration owes I Property Tax		ent year in	.angible ☐ Yes	MNo
24	9. Name and Address of Curre	29 ent Regist	tered Agent	1201	Γ				nd Address o		egistered	Agent	
	J. Marie and Marie and Co.				81	Name							
	en, Theresa M				82	Strop	t Addres	e (P O Box I	Number is Not	Accenta	ble)		
	NW 70TH AVE.				52	3000	i Addies	13 (1 .Q. DOX 1		71000010			
FT. L	AUDERDALE FL 33321				83								
					84	City						85 Zip	Code
						-					<u>FL</u>	<u> </u>	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State	a of Florid	a Such change was	autnorize	ועסנ	tne corr	d corpora poration	ation submits 's board of di	this statemen rectors. I here	it for the by accep	purpose of t the appo	cnanging it intment as re	s registered egistered
agent. I a	n familiar with, and accept the oblig	ations of,	Section 607.0505, F	lorida Stat	utes.					-	. ~		<u> </u>
	- Marian	() 0									ے – ۱	$\Delta L - C N$	اند
SIGNATURE		<u> </u>	<u> </u>	TE D		4 - : 4 - 70	anaufana u	don minetation			DATE	<u> </u>	
	Signature, typed or printed name of registered ag				Agen	t signature	w beriupen e	hen reinstating)	NS/CHANGES	TO OFF	DATE CERS A	ND DIRECT	ORS IN 12
12.	OFFICERS A			TE: Registered		t signature	w beniupen e		NS/CHANGES	S TO OF	DATE A	ND DIRECT	ORS IN 12
	OFFICERS A		CTORS	13.	TLE	t signature	w beniupen e		NS/CHANGES	TO OF	DATE A		
12. TITLE NAME	OFFICERS A PD OLSEN, THERESA M		CTORS	13. 1.1 Ti 1.2 N	TLE AME	t signature			NS/CHANGES	TO OF	DATE A		
12. TITLE NAME STREET ADDRESS	OFFICERS A		CTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME	ADDRESS			NS/CHANGES	TO OFF	DATE TICERS AI		Addition \
12. TITLE NAME	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS	13. 1.1 TI 1.2 N 1.3 S	TLE AME TREET	ADDRESS			NS/CHANGES	TO OFF	DATE CALL		
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C	TLE AME TREET TY-ST	ADDRESS			NS/CHANGES	TO OFF	DATE PICERS AI	☐ Change	Addition \
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 Ti 2.2 N	TLE AME TREET TY-ST TLE AME	ADDRESS	S		NS/CHANGES	TO OFF	DATE FICERS AI	☐ Change	Addition \
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE	13. 1.1 Tl 1.2 N 1.3 S 1.4 C 2.1 Tl 2.2 N 2.3 S 2.4 C	TLE AME TREET TY-ST TLE AME TREET	ADDRESS 1-ZIP TADDRESS	S		NS/CHANGES	S TO OFF	DATE FICERS AI	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T	TLE AME TREET TY-ST TLE AME TREET CITY-S'	ADDRESS 1-ZIP TADDRESS	S		NS/CHANGES	S TO OFF	DATE FICERS AI	☐ Change	Addition \
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE	13. 1.1 TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	TLE AME TREET TY-ST TLE AME TREET CITY-S' TLE	ADDRESS 1- ZIP 1- ADDRESS IT- ZIP	S		NS/CHANGES	S TO OFF	DATE FICERS AI	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE	13. 1.1 Ti 12 N 1.3 S 1.4 C 2.1 Ti 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S	TLE AME TREET TLE AME TREET TLE TREET TLE TLE TREET TLE TREET TLE	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	S		NS/CHANGES	S TO OFF	DATE CICERS A	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROLLED STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C	TLE AME TREET TLE AME TREET TLE AME TREET TREET TREET TREET	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	S		NS/CHANGES	S TO OFF	DATE LICERS AL	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE NAME TREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T	TLE AME TREET TTLE AME TREET TREET TREET TREET TREET TREET TREET TREET	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	S		NS/CHANGES	S TO OFF	DATE CICERS A	☐ Change	☐ Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME NAME	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 f	TLE AME TREET TLE AME TREET TLE AME TREET TLE TREET TLE TREET TREET TREET TREET	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	S		NS/CHANGES	S TO OFF	DATE FICERS A	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE	13. 1.1TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P	TLE TREET TTY-ST TLE TREET TTY-ST TLE TREET TTY-S TTLE TREET TTY-S TTLE TREET	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	S		NS/CHANGES	S TO OFF	DATE CICERS A	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 T 4.3 S 4.4 C	TLE AME TREET TITY-ST TLE AME TREET	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	S		NS/CHANGES	S TO OFF	DATE	☐ Change	Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE	13. 1.1TI 1.2 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P	TLE AME TREET TY-ST TLE AME TREET TREET TREET TREET TY-S' TLE TREET TTY-S' TTLE TREET TTY-S' TTLE TTY-S' TTLE TTY-S' TTLE TTY-S' TTLE TTY-S' TTLE TTY-S' TTLE	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	S		NS/CHANGES	S TO OFF	DATE	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 C 5.1 T 5.2 N	TLE AME TREET TY-ST TLE AME TREET TITLE AME TREET TITLE TITLE TITLE AME TITLE AME TITLE AME TITLE AME TITLE AME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP	s s		NS/CHANGES	S TO OFF	DATE CICERS AI	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	TLE AME TREET TY-ST TLE AME TREET TITLE AME TREET TITLE TITLE TITLE AME TITLE AME TITLE AME TITLE AME TITLE AME	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	s s		NS/CHANGES	S TO OFF	DATE CICERS AI	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	TLE AME TREET TLE AME TREET TLE AME TREET TLE AME TREET TLE TLE TLE TLE TLE TLE TL	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	s s		NS/CHANGES	S TO OFF	DATE	☐ Change ☐ Change ☐ Change	Addition Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS A PD OLSEN, THERESA M 6659 NW 70TH AVE		CTORS DELETE DELETE DELETE	13. 1.1 TI 12 N 1.3 S 1.4 C 2.1 TI 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C	TLE AME TREET TITY-ST TLE AME TREET TREET TITY-S TITE AME TREET TITY-S TITE TITE TITY-S TITE TITY-S TITE TITY-S TITE TITY-S TITE TITY-S TITE	ADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS T-ZIP TADDRESS	s s		NS/CHANGES	S TO OFF	DATE CICERS AI	Change Change Change Change	Addition Addition

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Mar 11, 1999 8:00 am Secretary of State

03-11-1999 90032 011 ***150.00