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 # P97000100957

COOL FINDINGS, INC.

		·					
Principal Plac	e of Business	Mailing Address			1 (80(128) (10)0(1) 102/1 02/1 02/1 03/1 04/1 104	. 48111 64114 121	8. Seine 1861 1864
3128 LAKE WA MELBOURNE F	ASHINGTON RD. #148 IL 32934	3128 LAKE WASHINGTON RD. MELBOURNE FL 32934.	#148		DO NOT WRITE IN TH	S SPACE	* * ** = *
					3. Date Incorporated or Qualifed 11/25/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number		pplied For
21	26			59-3480038		lot Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	¬ ' '		5. Certificate of Status Desired	7	Additional Required
City & Sta	te	City & State	_		6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Country	/	8. This corporation owes the current year I		from
24	25	29 30	<u> </u>		Personal Property Tax.	☐ Yes	XI No
	9. Name and Address of Curre	ent Registered Agent		T Name of	10. Name and Address of New Registere	a Agent	
DD/	OCK, RUBIN R		81	Name			•
		82	Street Ad	dress (P.O. Box Number is Not Acceptable)			
320 RHEINE RD NW Palm bay Fl 32907				 			·
PAL	M DAT FL 3250/		83				
			84	City	F	85 Zip	Code
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable. (NOTE: Re-	gistered Age	nt signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIRECT	ORS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE			Change	
NAME	BROCK, SANDRA A		1.2 NAME				
STREET ADDRESS	AAA DISTRICT DO ANA		1.3 STREE	TADDRESS	ييند مددي الراد المستحد السياد		
CITY-ST-ZIP	PALM BAY FL 32907		1.4 CITY-5	i			!
TITLE	VID	☐ DELETE	2.1 TITLE			☐ Change	Addition
NAME	BROCK, RUBIN R		2.2 NAME	-			
STREET ADDRESS	AGO DISCOURT OR ANAL		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	PALM BAY FL 32907		2.4 CITY-	l			
TITLE		☐ DELETE	3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			
CITY ST-ZIP 4			3.4. CITY-	ST-ZIP	·		
TITUE 25%		DELETE	4.1 TITLE			Change	Addition
NAME 3.43			4, 2 NAME	İ			
STREET ADDRESS			4.3 STREE	T ADDRESS			
CITY-ST-ZIP			4.4 CITY - 5	ST-ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS	•		
CITY-ST-ZIP			5.4 C(TY-5	ST-ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
	,		62 NAME	,			

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 with all other like empowered.

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS

407-984-0430

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90133 048 ***150.00