

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90036 031 \*\*\*150.00

DOCUMENT # P98000005539

1. Corporation Name COOL PLANET II, INC.



Principal Place of Business 8669 COMMODITY CIRCLE ORLANDO FL 32819 Mailing Address 8669 COMMODITY CIRCLE ORLANDO FL 32819

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 01/16/1998 4. FEI Number 59-3499815 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 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 26 27 28 29 30 2a. Mailing Address 2a. Suite, Apt. #, etc. 2a. City & State 2a. Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEUKAMM, MICHAEL E 201 EAST PINE ST., STE. 1200 ORLANDO FL 32803

81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETED NAME EARL, ROBERT I STREET ADDRESS 8669 COMMODITY CIRCLE CITY-ST-ZIP ORLANDO FL 32819 TITLE D DELETED NAME JOHNSON, SCOTT E STREET ADDRESS 8669 COMMODITY CIRCLE CITY-ST-ZIP ORLANDO FL 32819 TITLE D DELETED NAME AVALLONE, THOMAS STREET ADDRESS 8669 COMMODITY CIRCLE CITY-ST-ZIP ORLANDO FL 32819 TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETED NAME STREET ADDRESS CITY-ST-ZIP

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] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99 407-345-5200 Date Daytime Phone #

CR2E034 (11/98)