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 # P98000101173

1. Corporation Name

COOL BUDDY 2 INC.

Principal Place of Business

Mailing Address

FILED Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90101 043 ***150.00



10858 SE HOBART ST. FEQUESTA FL 33469	10858 SE HOBART ST. TEQUESTA FL 33469			
LEGGESTA TE SONO	TEGGEOIN TE CONCO		DO NOT WRITE IN TH	IIS SPACE
			3. Date Incorporated or Qualifed	
			11/30/1998	
2. Principal Place of Business	2a. Mailing Address	01.1	4. FEI Number 08 8 05 1 3	Applied For
21 1/256 Persimmon Blud.	26 11256 Person	UMON DIAG.	(5-0880313	Not Applicable
Suite, Apt. #, etc. —	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee,Required
City & State PALM Bch. FL.	City & State	ch. FL.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 33411 25 U.S.A	^{Zip} 33411 30	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes X No
9. Name and Address of Curren		1	10. Name and Address of New Registers	ed Agent
		81 Name	ephen w. Lawrence	
LAWRENCE, STEPHEN W				
10858 SE HOBART ST.	•	82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
TEQUESTA FL 33469		83		
		84 City Roya	PALM BCh. F	85 Zip Code 334/1
11. Pursuant to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.		pration submits this statement for the purpose	of changing its registered
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligate	of Florida. Such change was auth	iorized by the corporatio	n's board of directors. I hereby accept the app	pointment as registered
agent. I am familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes.		
SIGNATURE Signature, typed or printed name of registered agen	ot and title if applicable (NOTE: Re	gistered Agent signature required	(when reinstating) DATE	·
	ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE P	☐ DELETE	1.1 TITLE P		
NAME LAWRENCE, STEPHEN W		12 NAME 540	. HONG. LAWRENCE 256 PERSIMMON Blud. OYAl PALM Bch, FL. 3	
STREET ADDRESS 10858 SE HOBART ST.		1.3 STREET ADDRESS	256 Persimmon Blog.	~ · · · · ·
TROUESTA EL DAVAS		ALL OFFICE TO THE	oval PACM Bch, FL. 3	34(1
	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	Section			
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		Change Addition
TILE "	DELETE	3.1 TITLE		□ change □ Addition
NAME		3.2 NAME		\frac{1}{2}
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · <u> </u>	3.4. CITY-ST-ZIP		□ Channa □ 14300
TITLE	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	•	4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	, DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET AODRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME	•	
		6.3 STREET ADDRESS		
STREET ADDRESS		6.4 CITY OT 7ID		

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 or an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR