

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Sep 10, 1999 8:00 am**  
**Secretary of State**

09-10-1999 90012 012 \*\*\*550.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P98000102377**  
 Corporation Name  
**EVAKOOL OF FLORIDA, INC.**



Principal Place of Business Mailing Address  
**1748 AUSTRALIAN AVE UNIT 12** **1748 AUSTRALIAN AVE UNIT 12**  
**RIVIERA BEACH FL 33404** **RIVIERA BEACH FL 33404**

DO NOT WRITE IN THIS SPACE

|   |  |  |  |
|---|--|--|--|
| 3. Date incorporated or Qualified<br><b>12/07/1998</b>  |  | 4. FEI Number <input checked="" type="checkbox"/> Applied For<br><input type="checkbox"/> Not Applicable           |  |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees |  |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |  |

|  |  |  |  |
|--|--|--|--|
| 9. Name and Address of Current Registered Agent<br><b>CREBER, WAYNE</b><br><b>1748 AUSTRALIAN AVE COND. UNIT 12</b><br><b>RIVIERA BEACH FL 33404</b> |  | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br><b>1748 Australian Ave. Unit 12</b><br>83<br>84 City <b>FL</b> 85 Zip Code |  |
|--|--|--|--|

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| OFFICERS AND DIRECTORS |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |                                     |
|------------------------|---|--|-------------------------------------|
| DELETABLE              | <b>D</b><br><b>CREBER, WAYNE</b><br><b>1748 AUSTRALIAN AVE UNIT 12</b><br><b>RIVIERA BEACH FL 33404</b> | 1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |                                     |
| DELETABLE              |   | 1.2 NAME   |                                     |
| DELETABLE              |   | 1.3 STREET ADDRESS   | <b>1748 Australian Ave. Unit 12</b> |
| DELETABLE              |   | 1.4 CITY-ST-ZIP  |                                     |
| DELETABLE              |   | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                     |
| DELETABLE              |   | 2.2 NAME   |                                     |
| DELETABLE              |   | 2.3 STREET ADDRESS   |                                     |
| DELETABLE              |   | 2.4 CITY-ST-ZIP  |                                     |
| DELETABLE              |   | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                     |
| DELETABLE              |   | 3.2 NAME   |                                     |
| DELETABLE              |   | 3.3 STREET ADDRESS   |                                     |
| DELETABLE              |   | 3.4 CITY-ST-ZIP  |                                     |
| DELETABLE              |   | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                     |
| DELETABLE              |   | 4.2 NAME   |                                     |
| DELETABLE              |   | 4.3 STREET ADDRESS   |                                     |
| DELETABLE              |   | 4.4 CITY-ST-ZIP  |                                     |
| DELETABLE              |   | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                     |
| DELETABLE              |   | 5.2 NAME   |                                     |
| DELETABLE              |   | 5.3 STREET ADDRESS   |                                     |
| DELETABLE              |   | 5.4 CITY-ST-ZIP  |                                     |
| DELETABLE              |   | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition            |                                     |
| DELETABLE              |   | 6.2 NAME   |                                     |
| DELETABLE              |   | 6.3 STREET ADDRESS   |                                     |
| DELETABLE              |   | 6.4 CITY-ST-ZIP  |                                     |

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.

SIGNATURE: \_\_\_\_\_ DATE: **9-8-99** **561-844-8328**

CR2E034 (5/99)