FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION

ANNUAL REPORT



Sandra B. Mortham

	1996	San	DIVISION C		RATIONS				
1. Corporation	•		(9)						
LET'S	B COOL ENTERPRISE	S, INC.							
Principal Place	of Business	Maifi	ing Address					ili ofoli e lol	
1255 GULF S	STREAM AVE	12	55 GULF STREAM	AVE					
SUITE 708 SARASOTA F	FL 34236		JITE 708 NRASOTA FL 34236						
				,		 Date Incorporated or Qualifie 02/27/1991 	- Jul 2000	e of Last F 4/25/19	
2. Principal Pla	ace of Business	F1	Aailing Address			4. FEI Number			Applied For
Suite, Apt. #	V, etc.	26 S	Suite, Apt. #, etc.			65-0245336			Not Applicable
2		27				5. Certificate of Status Desired			Additional Required
City & State		28	ity & State			Election Campaign Financing Trust Fund Contribution		\$5.0	May Be
Zip ·	Country	<u></u>	ip	<u></u>	untry	8. This corporation has liability t	or intangible ta		
*1	25 9. Name and Address of C	29 Turrent Flegister	red Agent	30	T		∕es □No		
					81 Name	10. Name and Address of Nev	v riegistered	agent	
	ERT, TITUS J M				82 Street Add	dress (P.O. Box Number is Not Accep	table)		
1255 GU SUITE 7(ILF STREAM AVE				<u>L.</u>	Stody (Tel Box Hornboy la Hor Peoop			
					83				
SAHASU							··· · · · · · · · · · · · · · · · · ·		
SARASO 11. Pursuant to or registere familiar with		.0502 and 607,1 Florida. Such ch Section 607,050	508, Florida Statu hange was authori 05, Florida Statute	tes, the abo zed by the c s.	84 City ve-named corporation's boa	pration submits this statement for the pard of directors. I hereby accept the a	FL purpose of cha opointment as	1 1 '	p Code registered office agent. I am
11. Pursuant to or registere familiar with SIGNATURE	of the provisions of Sections 607 of agent, or both, in the State of n, and accept the obligations of signature, typed or printed name of registers.	d agont and title if appl	pable. (N	Olt Registered	•,	ed when reinstating;	ourpose of cha opointment as	anging its r registered	egistered office agent. I am
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SIGNATURE: Jun Elsauch Orlis 4/30/96

GENATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Prione #