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 # S39949 1. Corporation Name

COOL AND CLEAN, INC.

Principal Place of Business Mailing Address										ekeli olehi iedi
3110-1ST AVE N 5940 BALA			LAO WAY							
SUITE 2E ST PETERSBURG BEACH FL 3 ST. PETERSBURG FL 33713			CH FL 33706	33706-2234			DO NOT WRITE	IN THIS STAC		
US PETERSBU	JNG FL 33/13					3	Date Incorporated or Qualifed	IN THIS SPAC	<u>=</u>	
						-	03/22/1991			
2. Principal F	Place of Business	2a. Mailing Address				4.	FEI Number		Ap	plied For
21		26				59-3077802	_	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	⊢			5	Certifcate of Status Desired			Additional
City & State		City & Ctata	· • • • • • • • • • • • • • • • • • • 							equired
23		City & State	<u></u>			6.	Election Campaign Financing			May Be
Zip	Country	Zip	Zip Country				Trust Fund Contribution This corporation owes the current			to Fees
24	25 29		30	_ ′			Personal Property Tax.	year intangibie. Ye∏		□No
	9. Name and Address of Curre		11	Ţ		10.	Name and Address of New Reg			
				81	Name			_		
BROIDA, JOEL D ESQ				82	Street Addres	ss (F	2.O. Box Number is Not Acceptable	<u> </u>		
	75TH AVE		ou street At			.,		· ·		* *** ****
511	PÈTERSBURG BCH FL 33706			83					4.	7-193
				84	City			85	Zip C	Code
1				Ш						
11. Pursuant office or i	to the provisions of Sections 607.050 registered agent, or both, in the State	02 and 607.1508, Florida Sta ⊢of Florida. Such change wa	atutes, the a is authorize	above- d by ti	-named corpor he corporation	atior 's bo	n submits this statement for the pur pard of directors. I hereby accept th	rpose of changi ne appointment	ng its as red	registered aistered
agent.la	im familiar with, and accept the obliga	ations of, Section 607.0505,	Florida Stat	tutés.	•		,			3 -4
SIGNATURE	Signature, typed or printed name of registered age	ent and title if conlinghts (A)	OTC: Decision		signature required w			D. 75		
12.		ND DIRECTORS	13.	<u> </u>	signisture required w		einstatung) ADDITIONS/CHANGES TO OFFIC	DATE SERS AND DIR	ECTO	RS IN 12
TITLE	D	☐ DELETE				<u>·</u>	100000000000000000000000000000000000000	□ Ch		Addition
NAME	RECHNITZ, GIDEON		1.2 N	AME				_	_	_
STREET ADDRESS	5940 BALAO WAY		1.3 \$	TREET A	ADDRESS					
CITY-ST-ZIP	ST PETERSBURG BCH FL		1.4 C	TY-ST-	ZIP					
TITLE		☐ DELETE	2.1 T!	TLE				☐ Ch	ange	☐ Addition
NAME	,	2.20		2.2 NAME						
STREET ADDRESS			2.3 STREET ADDRESS		ADDRESS					
CITY-ST-ZIP				2.4 CITY-ST-ZIP						
TITLE		☐ DELETE	3.1 TI					□ Ch	ange	☐ Addition
NAME	Take to		3.2 N							
STREET ADDRESS					ADDRESS				1 1	101111
CITY-ST-ZIP TITLE		☐ DELETE		3.4. CITY-ST-ZIP					oprio.	□ Addition
NAME		الماليان		4.2 NAME			. 1		ange	· [] Addition
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				TY-ST-						
TITLE		☐ DELETE	5.1 TI					☐ Ch	ange	Addition
NAME			5.2 NA					_	-	-
STREET ADDRESS			5.3 ST	TREET A	NDDRESS					
CITY-ST-ZIP			5.4 CI	TY-ST-2	ZIP					
TITLE	· · · · · · · · · · · · · · · · · · ·		6.1 ∏	6.1 TITLE				☐ Cha	inge	Addition
NAME			6.2 NA	ME.						

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 appear of the corporation or the receiver or trustee empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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727 324 9280

FILED

Jan 23, 1999 8:00am

Secretary of State

01-23-1999 90003 033 ***150.00