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 # **V05990**

1. Corporation Name OTTO COOL, INC.

Principal Place of Business 3090 JOHN ANDERSON DR

Mailing Address

P.O. BOX 4161

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90247 044 ***150.00



ORMOND BEACH FL 32176		ORMOND BEACH FL 32175		DO NOT WRITE IN T	DO NOT WRITE IN THIS SPACE			
		•			3. Date Incorporated or Qualifed			
					01/06/1992			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		pplied For	
21 1186 Ocean Shoke Blod. 26 1186 Ocean St				<u> Bull</u>	65-0305121		ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional tequired	
22 City & State								
			- ^>		6. Election Campaign Financing Trust Fund Contribution		May Be to Fees	
23 XM	Country Country	28 Ormand De	Countr		8. This corporation owes the current year		10.000	
24 つなべ		29 32176 30	⊐√ / /	אינוניר	Personal Property Tax.	Yes	□No	
24 0~	9. Name and Address of Current		1	/U.V.	10. Name and Address of New Registe	red Ágent		
			81	Name			l l	
CHILDS, MICHAEL J.				Street	Address (P.O. Box Number is Not Acceptable)			
3090 JOHN ANDERSON DR				82 Street Address (P.O. Box Number is Not Acceptable)				
ORMOND BEACH FL 32176				***	101		ſ	
1			84		, , , , , , , , , , , , , , , , , , , 	85 Zip	Code	
	<i>///</i>			'($\mathcal{O}(11010)$	FL '공휴	ed The	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the abov	e-named	corporation submits this statement for the purpos	e of changing its	s registered	
οπice or r agent. I a	registered agent, of both, for the State of m familiar with and accept the obligati	ions of, Section 607.0505, Florida	a Statute	s.	oration's board of directors. I hereby accept the a	560	og.o.o.o.	
SIGNATURE					4-14	<u>-99</u>		
<u></u>	Signature, speci or printed name of registered agent			nt signature i	required when reinstating) DATE	E AND DIRECT	ODE IN 12	
12.	OFFICERS AND	D DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition	
TITLE	PST ANGUAR I		1.1 IIILE 1.2 NAME			JOS - Marie		
NAME	CHILDS, MICHAEL J.				1186 Ocean Shore Dell "	TO14	Ì	
STREET ADDRESS	3090 JOHN ANDERSON DR			T ADDRESS	Ornand Bench, Fr. 3	217		
CITY-ST-ZIP	ORMOND BEACH FL 32176		1.4 CITY-1	51-ZIP	CHANGE SOUNTING	Change	☐ Addition	
TITLE	_		2.2 NAME			_ ,	_ }	
NAME	,			T ADDRESS				
STREET ADDRESS			2.4 CITY-					
CITY-ST-ZIP		☐ DELETE	3.1 TITLE	31-ZIF		Change	Addition	
NAME	_	_ - · · · -	3.2 NAME					
STREET ADDRESS				ET ADDRESS			Į	
CITY-ST-ZIP			3.4. CITY-					
TITLE		☐ DELETE	4.1 TITLE	<u> </u>		Change	☐ Addition	
NAME			4. 2 NAME	<u>.</u>			t	
STREET ADDRESS			4.3 STRE	T ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP			ļ	
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME	}		5.2 NAME					
STREET ADORESS		i	5.3 STREE	T ADDRESS			ļ	
CITY-ST-ZIP	{		5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME				j	
STREET ADDRESS			6.3 STREE	T ADDRESS				
	N. 1996 S. 1.		6.4 CITY-	ST-ZIP	,		أ	
0011-01-4H	15 4 4 4 4 - 15 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	h this filing door and realify for th			d in Section 119 07(3)(i) Florida Statutes, I further	cortify that the	information	

the first producting for the exemption stated in Section F13.07(3)(1), Florida Statutes. I further certify that the information of the first state and that my signature shall have the same legal effect as if made under oath; that I am an empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an address, with all other like empowered. indicated on this annual report or supplemental annual report of the corporation or the receiver or tracked Block 12 or Block 13 if changed, or on an attachment with a

SIGNATURE:

SIGNATURE AND FRED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR