## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Bandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

COOLMAX, INC.

Principal Place of Business

Mailing Address

7456 HERRICK'S LOOP ORLANDO FL 32835

FILED Apr 27 1998 8:00am Secretary of State



7456 HERRICK'S LOOP ORLANDO FL 32835 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 04/24/1992 2. Principal Place of Business 2a. Mailing Address Applied For 59-3121511 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Ζıp Zip Country 8. This corporation owes or has paid the current year intangible X Yes □ No 29 30 Personal Property Tax due June 30. 25 24 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SOMWARU, ERICK NAZIR 7456 HERRICK'S LOOP Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32835 City 85 Zip Code 11. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and little if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE TITLE SOMWARU, ERICK N NAME 1.2 NAME 7456 HERRICKS LOOP 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32835 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition ☐ DELETE ☐ Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP Addition DELETE ☐ Change 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE DELETE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

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 attachment with an address.

SIGNATURE:

EKICK Somwaru)

(404) 294-5499