## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

·	1996				
DOC	JM	ΙΕΙ	٧T	#	

Corporation Name

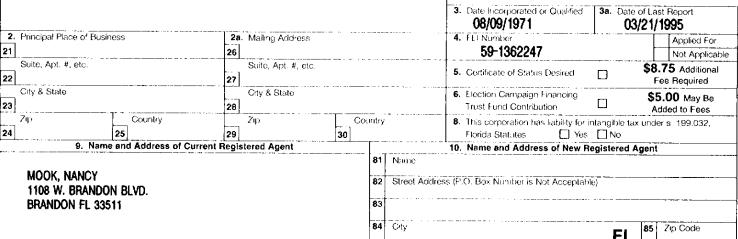
(5)

PHII	MOOK	ENTERPRISES.	INC

Principal Place of Business 1108 W. BRANDON BLVD. BRANDON FL 33511

Mailing Address

1108 W. BRANDON BLVD. BRANDON FL 33511



11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above named corporation submits this statement for the

or register famil ar wi	ed agent, or both, in the State of Florida. Suc th, and accept the obligations of, Section 607	h change was authorz .0505, Florida Statutes	ed by the corporation's board	of directors. Thereby accept the	appointment as registered	agent. Lam
SIGNATURE _						
	Styndure, typed or printed name of registered agent and tiny to		TE Flory dened Agent Signature regiments		CIATE	
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
THILE	P	DELETE	A. 1 Title		☐ Change	☐ Addition
NAME	MOOK,NANCY		1.2 NAME			
STREET ADDRESS	1603 COTTAGEWOOD DRIVE		1.3 STREEF ADDRESS			
CITY-S1-ZiP	BRANDON FL		1.4 CITY+ST_ZIP			
TITLE	ST	DELETE	2 1 TITLE		☐ Change	Addition
NAME	MOOK, CHRISTOPHER		2.2 NAME			_
STREET ADORESS	815 E RIVER DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIF	TAMPA FL		2.4 CITY - ST - 7IP			
TITLE	D	DELETE	3 1 TI*LF		Change	Addition
NAME	GORBICS, PAMELA MOOK		3.2 NAME			
STREET ADDRESS	1603 COTTAGEWOOD DR.		3.3 STREET ADDRESS			
CITY-ST-ZIP	Brandon Fl		3.4 CHY+S1+ZIF			
TI*LE	D	□ DELFTE	4 1 Total	- · · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
NAME	Mook, Christopher C.		4.2 NAM5		_	_
STREET ADDRESS	815 E. RIVER DR.		4.3 STREET ADDRESS			
CITY-ST-Z-P	TAMPA FL		4.4 C(1)Y - S1 - Z(F)			
TITLE	D	DELETE	5. † T(T) [ F		[ ] Change	☐ Addition
NAME	MOOK, JENNIFER L.		5.2 NAME		_ ·	_
STREET ADDRESS	1603 COTTAGEWOOD DR.		5.3 STREET ADDRESS			
CITY-ST-ZIP	BRANDON FL		5.4 CRY+ST+ZIP			
TOTLE		DELETE	6 ! TITLE		☐ Change	Add-tion
NAME			62 NAME			

64 C/TY-ST-ZP 14. I do hereby certify that the information supplied Arith this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information processed on this annual report or supplicit entitle 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 of dijector for the combination or the positive or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Mook 3-20-96