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

FILED Jan 29, 1999 8:00am Secretary of State

01-29-1999 90011 039 ****158.75

| DOCUN | /ENT# | 152073 |
|-------|-------|------------|
| | | 1.16.11.11 |

| 1. Corporation | | | | | | | |
|---------------------|--|-----------------------------|-----------------------|----------------------|--|-------------------|---------------------------|
| TOM CC | OOK, JEWELER, INC. | | | | 1 | | |
| ĺ | | | | | | | |
| · | | | | | | | |
| Principal Plac | e of Business | Mailing Address | | | | | ANTO NOMES SPINS |
| % том соок | JR. | % TOM COOK JR. | | | | | |
| 150 S. BEACH | | 150 S. BEACH ST. | | | DO NOT WRITE IN TU | e enaci | , |
| Daytona Bea | CH FL 32114 | DAYTONA BEACH FL 32 | 114 | | DO NOT WRITE IN TH 3. Date Incorporated or Qualifed | IS SPACE | |
| | | | | | , - · | | |
| 2 Principal F | Place of Business | 2a. Mailing Address | | | 08/23/1947 4. FEI Number | - lean | nlind For |
| 21 | igos of Edulicos | 26 | | | 59-0570692 | <u> </u> | plied For t Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | \$8.75 Additional | |
| ⊢ , '''' ⊢ | | 27 | - | | 5. Certificate of Status Desired | Fee Re | |
| City & Stat | te | City & State | | | 6. Election Campaign Financing | \$5.00 | May Ro |
| 23 | | 28 | | | Trust Fund Contribution | Added to | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current year I | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | | □No |
| • | 9. Name and Address of Current | Registered Agent | | | 10. Name and Address of New Registere | d Agent | |
| | | | 81 | Name | | | |
| | OK, SHERYL A. | | 82 | Street Add | ress (P.O. Box Number is Not Acceptable) | | |
| | S BEACH ST | • | " | Oliceryadi | ress (i.e. sex rightser is the ricesphase) | | |
| DAY | TONA BEACH FL 32114 | | 83 | | | | 7 81, 143, |
| • | | <i>:</i> | 84 | City | | 85 Zip C | odo. |
| | | | ا | City | F | | QUE |
| 11. Pursuant | to the provisions of Sections 607.0502 | and 607.1508, Florida Stat | utes, the abov | e-named corp | poration submits this statement for the purpose on's board of directors. I hereby accept the app | of changing its | registered |
| agent la | egistered agent, or both, in the State of im familiar with, and accept the obligation | ons of, Section 607.0505, F | lorida Statutes | ine corporations. | on's board or directors. I hereby accept the app | omment as reg | istered |
| SIGNATURE | . • | | | | | , | · . |
| <u> </u> | Signature, typed or printed name of registered agent a | | TE: Registered Age | nt signature require | | | |
| 12. | OFFICERS AND | DIRECTORS DELETE | 13, | | ADDITIONS/CHANGES TO OFFICERS A | | |
| TITLE | P | ☐ DELETE | 1.1 TITLE | } | A Committee of the Comm | ☐ Change | Addition |
| NAME: | COOK, SHERYL A. | | 1.2 NAME | | | | |
| STREET ADDRESS | 150 S BEACH ST . | • | | T ADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | DELETE | 1.4 CITY-S | T- ZIP | | Change | |
| TITLE . | ST | € DELETE | 2.1 TITLE | | | Change | Addition |
| NAME | LEONHARDT, VICTORIA COOK | | 2.2 NAME | | | | • |
| STREET ADDRESS | 150 S BEACH ST | | | TADDRESS | | | |
| CITY-ST-ZIP | DAYTONA BEACH FL | DELETE | 2.4 CITY- | ST-ZIP | | Change | [] Addition |
| TITLE | Kir Sir i | LJ VELETE | 3.1 TITLE | | | □ cuange | [] Madinon |
| NAME | | | 3.2 NAME | TARRESCO | | • | |
| STREET ADDRESS | | | | TADDRESS | 75 , \$ 1. | | 1.121.19 |
| CITY-ST-ZIP | ļ <u>.</u> | ☐ DELETE | 3.4. CITY-5 | | | ☐ Change | Addition |
| NAME _ | • . | | | | | Clarige | F-1 Modition |
| Ĩ-2. | , | • | 4. 2 NAME | 1 | | | |
| STREET ADDRESS | | | . I | TADORESS | | | |
| CITY-ST-ZIP | | ☐ DELETE | 4.4 CITY-S | T-ZIP | | Channe | Addition |
| NAME . | er de la companya de | | 5.1 TITLE 5.2 NAME | | | Change | i'' Vogeon |
| STREET ADDRESS | | | | TADDRESS | | | |
| | te a series en en en | | 5.4 CITY-S | | | | |
| CITY-ST-ZIP | 200 A 40 2 3 \$ 3 3 2 | DELETE | 6.1 TITLE | 1-21 | , | ☐ Change | Addition |
| NAME | | | 6.2 NAME | ļ | - | ☐ cuands . | |
| | | | | T ADDRESS | ; | | • |
| STREET ADDRESS | | • | | | | | |
| CITY-\$T-ZIP | <u> </u> | | 6.4 CITY-S | 1-214 | | | |

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, with all other like empowered.

SIGNATURE

COOK INTEREST OF SERVICE OF SERVICE A. COOK

1/13/99

904-255-1468

Daytime Phone #