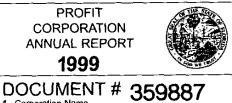
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

COOK THEATERS, INC.

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 03, 1999 8:00 am Secretary of State

03-03-1999 90044 004 ***150.00

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Principal Place of Business Mailing Address						1011 61011 61011 610		
7700 E. DAVIS BOULEVARD Naples Fl 30012- 3 447 0 14		7700 E. DAVIS BOULEVARD NAPLES FL 22942 3 44 10 44			DO NOT WRITE IN	THIS SPACE		
					3. Date Incorporated or Qualifed 02/.19/1970			
O Dischal D	land of Business	2a. Mailing Address			4. FEI Number		Applied For	
Z. Principal Pi	lace of Business	26			59-1285805	├	Not Applicable	1
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5 Additional	{	
		27		5. Certificate of Status Desired Fee Required			ŀ	
City & State		City & State		6. Election Campaign Financing \$5.00 May Be				
23		28		Trust Fund Contribution Added to Fees				
Zíp	Country	Zip	Cou	ntry	8. This corporation owes the current year	ar Intangible	_	
24	25	29 30	<u>L</u> _		Personal Property Tax.	☐Yes	No	ļ
	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Registe	red Agent		-
con	NA A VA			81 Name			_	}
COOK, A.W., JR. 228 MELROSE PL				82 Street Addr	ess (P.O. Box Number is Not Acceptable)			}
	LES FL 34104							ł
ינייני	LL3 L 34 104			83			_	1
				84 City		FL 85 Zi	ip Code	}
		1007 4500 Flatida Bladeda	ام ماه	have samed same	oration submits this statement for the purpor		its registered	┨
office or r	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obligations.	of Florida. Such change was auth	onzed	i by the corporation	on's board of directors. I hereby accept the	appointment as	registered	
SIGNATURE		_					_	
	Signature, typed or printed name of registered age			Agent signature require			TOPE IN 12	í
12.		ND DIRECTORS	13.	7.5	ADDITIONS/CHANGES TO OFFICER	Chang		1 3
TITLE	PD COOK AW ID	□ DECETE	1.2 NA					1
NAME	COOK, A.W., JR.							5
STREET ADDRESS	⁼	:		REET ADDRESS				5
CiTY-ST-ZIP_	NAPLES FL 34104	☐ DELETE	1.4 Ct 2.1 TV	TY-ST-ZIP		[] Chang	e Addition	1 6
TITLE	COOK, CHRISTINE G.	C Deceit	2.2 N/				_	Ì
NAME STREET ADDRESS	400 MELBOOF DI		ŀ	REET ADDRESS	* *		• -	
	NAPLES FL 34104	•		ITY-ST-ZIP				1
CITY-ST-ZIP TITLE	T	☐ DELETE	3.1 TI			Chang	ge Addition	1
NAME	COOK, CHRISTINE G.		3.2 NA	AME				ł
STREET ADDRESS	AND LIFE BOOK BI		3.3 ST	TREET ADDRESS				Ì
CITY-ST-ZIP	NAPLES FL 34104		3.4. C	ITY-ST-ZIP				_
TITLE	VP	☐ DELETE	4.1 TI			☐ Chang	ge 🗌 🔲 Addition	1
NAME	COOK, MICHAEL W		4, 2 N	AME				}
STREET ADDRESS	COOL COMOTON IN		4.3 ST	TREET ADDRESS				
CITY-ST-ZIP	NAPLES FL 34104		4 4 CI	TY-ST-ZIP				1
TITLE		☐ DELETE	5.1 T	,		☐ Chang	ge 🗌 Addition	
NAME			5.2 N/	AME				
STREET ADDRESS	}	!	5.3 ST	TREET ADDRESS				1
CITY-ST-ZIP			_	TY-ST-ZIP				1
TITLE		☐ DELETE	6.1 TF			☐ Chang	ge 🗌 Addition	-
NAME			6.2 N/					1
STREET ADDRESS				TREET ADDRESS	•			}
	1		640	TV CT ZID				1

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: