

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

02-22-1999 90056 050 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # 450672

1. Corporation Name  
**BILL COOK & ASSOCIATES, INC.**

Principal Place of Business  
1712 17TH LANE  
PALM BEACH GARDENS FL 33418-0161

Mailing Address  
1712 17TH LANE  
PALM BEACH GARDENS FL 33418-0161



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>16823 VALENCIA BLVD</b>		2a. Mailing Address 26 <b>SAMC</b>		3. Date Incorporated or Qualified <b>04/19/1974</b>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number <b>59-1522319</b>	
23 City & State <b>Loxahatchee FL</b>		28 City & State		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24 Zip <b>33470-2718</b>		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>COOK, WILLIAM M 1712 17TH LANE PALM BCH GARDENS FL 33410</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		86 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 604.0505, Florida Statutes.

SIGNATURE William M Cook (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>President And Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOK, WILLIAM "BILL"</b>		1.2 NAME <b>Cook, William</b>	
STREET ADDRESS <b>1712 17TH LANE</b>		1.3 STREET ADDRESS <b>16823 VALENCIA BLVD</b>	
CITY-ST-ZIP <b>PALM BCH GRDNS FL LOXAHATCHEE FL 33475</b>		1.4 CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>Secretary/Treasurer And Director</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOK, BERTHA</b>		2.2 NAME <b>BERTHA G COOK</b>	
STREET ADDRESS <b>1712 17TH LANE</b>		2.3 STREET ADDRESS <b>16823 VALENCIA BLVD</b>	
CITY-ST-ZIP <b>PALM BCH GRDNS FL LOXAHATCHEE FL 33470</b>		2.4 CITY-ST-ZIP <b>LOXAHATCHEE FL 33470</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COOK, BERTHA</b>		3.2 NAME	
STREET ADDRESS <b>1712 17TH LANE</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BCH GRDNS FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE: William M Cook **WILLIAM M. COOK**  
Date: **1-10-99** Daytime Phone #: **561-793-5029**

CR2E034 (1/198)