

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

FILED

Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 556388 (7)
1. Corporation Name
COOKE INSURANCE AGENCY, INC.

Principal Place of Business
2019 NE 14TH CT
FT LAUDERDALE FL 33304
US

Mailing Address
2019 NE 14TH CT
FT LAUDERDALE FL 33304
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/30/1977

4. FEI Number
59-1886236

5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business
21 3201 N. FEDERAL HWY
22 Suite, Apt. #, etc. 200
23 City & State FT. LAUDERDALE FL
24 Zip 33306

2a. Mailing Address
26 11476 BONANZA CIRCLE
27 Suite, Apt. #, etc.
28 City & State FRANKTOWN, CO
29 Zip 80116
30 Country DOUGLAS

9. Name and Address of Current Registered Agent
COOKE, PETER
2019 NE 14TH CT.
FORT LAUDERDALE FL 33304

10. Name and Address of New Registered Agent
81 Name PETER M. COOKE
82 Street Address (P.O. Box Number is Not Acceptable) 3201 N. FEDERAL HWY, STE 200
83 FT LAUDERDALE
84 City FT LAUDERDALE FL 85 Zip Code 33306

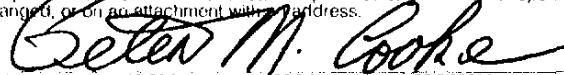
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  4/10/98
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)

12. OFFICERS AND DIRECTORS		
TITLE	PS	<input type="checkbox"/> DELETE
NAME	COOKE, PETER	
STREET ADDRESS	2019 NE 14TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	COOKE, PETER	
STREET ADDRESS	2019 NE 14TH CT.	
CITY-ST-ZIP	FT. LAUDERDALE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Same	
1.3 STREET ADDRESS	3201 N. Federal Hwy	
1.4 CITY-ST-ZIP	FT. Lauderdale, FL 33306	
2.1 TITLE	Same	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Same	
2.3 STREET ADDRESS	3201 N. Federal Hwy	
2.4 CITY-ST-ZIP	FT. Lauderdale, FL 33306	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 address.

SIGNATURE:  4/10/98

CR2E034 (10/97)