## 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

## DOCUMENT # 650228

1. Corporation Name

COOKWEARS, INC.

LORETTA FORER DESIGN ASSOCIATES, INC.

## **FILED** Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90042 019 \*\*\*150.00



		•					
Principal Place	e of Business	Mailing Address			A 10010 print altit abild hara read their aint	alait alait alait a	1611 61611 (291
7881 SW 69TH AVE. 7881 SW 69TH AVE.							
SOUTH MIAMI	SOUTH MIAMI FL 33143						
					DO NOT WRITE IN THIS	SPACE	
					3. Date Incorporated or Qualifed		ľ
			_		01/04/1980		
2. Principal Pl	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	. Apr	plied For
21		26			65-0336441		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22	27				Fee Re	quired	
City & State	e	City & State	City & State		6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to	o Fees
Zip Country		Zip			8. This corporation owes the current year Intangible		
24	25 29 30		<u> </u>	T disorial T (Sporty Tax)		□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered	Agent	
	WILLIAM STREET		81	Name			
MICHELSON, STUART R			82	Street Add	t Address (P.O. Box Number is Not Acceptable)		
	KANE CONCOURSE, SUITE 5	1/			<u> </u>		
BAY	HARBOR ISLANDS FL 33154		83			•	
			84	City		85 Zip C	ode -
			ì	City	FI	<b>_</b>	ì
11. Pursuant office or reagent. I as	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the obligi	02 and 607.1508, Florida Statutes, of Florida. Such change was autho ations of, Section 607.0505, Florida	the above orized by Statutes	e-named cor the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the appe	f changing its sintment as rec	registered gistered
SIGNATURE							
	Signature, typed or printed name of registered age			nt signature requir	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	PS IN 12
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE		•	L"1 ougudo	
NAME	FORER, LORETTA		1.2 NAME	ļ ,			\
STREET ADDRESS	7881 SW 69TH AVE.		1.3 STREE	ADDRESS			\$
CITY-ST-ZIP	SOUTH MIAMI FL 33143		1,4 C/TY-S	T-ZIP	····	<del></del>	
TITLE	VD	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME )	FORER, DANIEL B		22 NAME	l l			ì
STREET ADDRESS	7881 SW 69TH AVE.		2.3 STREE	TADDRESS			
CITY-ST-ZIP	SOUTH MIAMI FL 33186		2, 4 CITY-5	ST-ZIP		· · ·	
TITLE	SD	☐ DELETE	3.1 TITLE			Change	☐ Addition
NAME	FORER, DANIEL B.		3.2 NAME			•	)
STREET ADDRESS	. '		3.3 STREE	T ADDRESS		:	
CITY-ST-ZIP			3.4. CITY-5	ST-ZIP			
TITLE			4.1 TITLE			Change	☐ Addition
NAME			4, 2 NAME				- 1
STREET ADDRESS			4.3 STREE	ADDRESS			]
			4.4 CITY-S	1			1
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	Addition
NAME			5.2 NAME				
				TADORESS			
STREET ADDRESS			5.4 CITY-S				-
CITY-ST-ZIP		DELETE	6.1 TITLE			Change	Addition
TITLE			6.2 NAME				
NAME				T ADDRESS	•		
STREET ADDRESS			O.J JIREE	I WODECOOL			

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 chapted, or on an attachment with an address, with all other like empowered. CITY-ST-ZIP

SIGNATURE: 1

STEDLO IL SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR