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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500004880 1. Corporation Name

Principal Place of Business

COLLINS-COOK REALTY, INC.

100 0,		P.O. BOX 968 EDGEWATER FL 32132 US	- · · · · · · · · · · · · · · · · · · ·		DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					10/09/1995		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	├	Applied For
21 26		26			59-3330527		Not Applicable
Suite, Apt.	Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	City & State City & State			6. Election Campaign Financing S5.00 Mar Trust Fund Contribution Added to Fi			
Zip	Country	Zip	Country		8. This corporation owes the current ye	ear Intangible	
24	25	29	30		Personal Property Tax.	Yes	□No_
	9. Name and Address of Curi				10. Name and Address of New Regis	tered Agent	
			81	Name			
C00	K, RAYMOND H		82	Charact Balab	(D.O. Day Number in Not Accordable)		
193 GARY AVE				Street Addr	ress (P.O. Box Number is Not Acceptable)		
OAKHILL FL 32759			83		· · · · · · · · · · · · · · · · · · ·		
			84	City		FL 85 Zip	p Code
					poration submits this statement for the purp		
SIGNATURE	m familiar with, and accept the obl				d when reinstating) D.	ATE	
12.	OFFICERS	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECT	FORS IN 12
TITLE	PCST	☐ DELETE	1.1 TITLE			Change	e 🗌 Additio
NAME	COOK, SUSAN C		1.2 NAME	Ì			
STREET ADDRESS	193 GARY AVENUE		1,3 STREE	TADDRESS			
CITY-ST-ZiP	OAK HILL FL 32759		1.4 CITY - S	1-7IP			
TITLE	DV	☐ DELETE	2.1 TITLE			Change	e 🔲 Additio
NAME	COOK, RAYMOND H		2.2 NAME		•		
STREET ADDRESS				T ADDRESS			
			2.4 CITY-5				
CITY-ST-ZIP ~~	OAK HILL FL 32759	DELETE	3.1 TITLE	31-EIF -		☐ Change	e 🔲 Addition
•		<u> </u>	3.2 NAME				
NAME				TADDRESS			
STREET ADDRESS							
CITY-ST-ZIP		☐ DELETE	3.4. CITY-5	31-ZIP		Change	e Addition
TITLE						~	
NAME			4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	ST-ZIP			je 🗌 Additio
TOTAL E)	□ DELETE	5 1 TITLE	,		E J Chang	

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.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY+ST-ZIP

DELETE

DELETE

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CR2E034_(11/98)

Addition

Change

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90053 044 ***150.00