

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

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90100 004 ***150.00

DOCUMENT # G43081

1. Corporation Name
COOKS TRAVEL, INC.

Principal Place of Business
2111 SO. US 1. DRIFTWOOD PLAZA
JUPITER FL 33477

Mailing Address
2111 SO. US 1
DRIFTWOOD PLAZA
JUPITER FL 33477
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1983

4. FEI Number
59-2298560

Applied For
Not Applicable

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 the current year Intangible Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2111 So. US Hwy 1
Suite, Apt. #, etc.
22 ~~Jupiter~~ Driftwood Plaza
City & State
23 Jupiter FL

2a. Mailing Address

26 2111 So. US Hwy One
Suite, Apt. #, etc.
27 Driftwood Plaza
City & State
28 Jupiter FL

Zip Country
24 33477 25 USA

Zip Country
29 33477 30 USA

9. Name and Address of Current Registered Agent

MALONEY, JOHN J.
102 SEAHORSE LANE
JUPITER FL 33477

10. Name and Address of New Registered Agent

81 Name MARK MARSHALL - P
82 Street Address (P.O. Box Number is Not Acceptable)
167 Seabreeze Circle
83
84 City Jupiter FL 85 Zip Code 33477

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

Mark Marshall

MARK MARSHALL, President

4/4/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
	ST MALONEY, SUZANNE	102 SEA HORE LANE	JUPITER FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
	ST Victoria Marshall	167 Seabreeze Circle	Jupiter FL 33477	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.1 TITLE				<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE				<input type="checkbox"/>	<input type="checkbox"/>
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 an address, with all other like empowered.

SIGNATURE:

Mark Marshall
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/3/99 (561) 575-7646

CR2E034 (11/98)