

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

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

04-07-1999 90100 004 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # G43081**

1. Corporation Name  
**COOKS TRAVEL, INC.**



Principal Place of Business 2111 SO. US 1. DRIFTWOOD PLAZA JUPITER FL <del>33477</del> 33477	Mailing Address 2111 SO. US 1 DRIFTWOOD PLAZA JUPITER FL 33477 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2111 So. US Hwy 1 Suite, Apt. #, etc. 22 <del>Jupiter</del> Driftwood Plaza City & State 23 Jupiter FL Zip 24 33477 Country 25 USA	2a. Mailing Address 26 2111 So. US Hwy One Suite, Apt. #, etc. 27 Driftwood Plaza City & State 28 Jupiter FL Zip 29 33477 Country 30 USA
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3. Date Incorporated or Qualified <b>06/10/1983</b>	4. FEI Number <b>59-2298560</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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 Seabreezes 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** DATE **4/4/99**

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>ST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Victoria Marshall</b>	
1.3 STREET ADDRESS	<b>167 Seabreezes Circle</b>	
1.4 CITY-ST-ZIP	<b>Jupiter FL 33477</b>	
2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 in an attachment with an address, with all other like empowered.

SIGNATURE: *Mark Marshall* **MARK MARSHALL** DATE **4/3/99** (561) 575-7646

L030944 CR2E034 (11/98)