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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H52114**

1. Corporation Name
ROOKS ENTERPRISES, INC.



Principal Place of Business 7141 U.S. 19 NEW PORT RICHEY FL 34652 US	Mailing Address C/O ALLEN G. ROOKS 1900 WHISPERING WAY TARPON SPRINGS FL 34689
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 9434 U.S. 19 Suite, Apt. #, etc. 22 City & State 23 Port Richey, Fl. Zip Country 24 34668 25 U.S.A.	2a. Mailing Address 26 9434 U.S. 19 Suite, Apt. #, etc. 27 City & State 28 Port Richey, Fl. Zip Country 29 34668 30 U.S.A.
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3. Date Incorporated or Qualified 04/15/1985	Applied For Not Applicable
4. FEI Number 59-2520076	
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 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

**ROOKS, ALLEN G.
1900 WHISPERING WAY
TARPON SPRINGS FL 34689**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	PTD
NAME	ROOKS, ALLEN GENE	1.2 NAME	Rooks, Allen Gene
STREET ADDRESS	1900 WHISPERING WAY	1.3 STREET ADDRESS	7409 Trouble Creek Rd. # 712
CITY-ST-ZIP	TARPON SPRINGS FL 34689	1.4 CITY-ST-ZIP	New Port Richey, Fl. 34653
TITLE	VSD	2.1 TITLE	VSD
NAME	ROOKS, LINDA ETHEL	2.2 NAME	Rooks, Linda Ethel
STREET ADDRESS	1900 WHISPERING WAY	2.3 STREET ADDRESS	7409 Trouble Creek Rd. # 712
CITY-ST-ZIP	TARPON SPRINGS FL 34689	2.4 CITY-ST-ZIP	New Port Richey, Fl. 34653
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Linda Rooks
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-99 **(727) 842-3742**
Date Daytime Phone #

CR20234 11/1991