

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

FILED  
May 08 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J10433 (7)  
1. Corporation Name  
KOOKY, INC.

Principal Place of Business 8066 TAMiami TRAIL N 1836 TAMiami TRAIL N NAPLES FL 34102 US	Mailing Address 2066 TAMiami TRAIL N 1836 TAMiami TRAIL N NAPLES FL 33940 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2066 TAMiami TRAIL N. Suite, Apt. #, etc. 22 <del>2066</del> City & State 23 NAPLES, FL Zip 24 34102 Country 25 USA		2a. Mailing Address 26 2066 TAMiami TRAIL N. Suite, Apt. #, etc. 27 City & State 28 NAPLES, FL Zip 29 34102 Country 30 USA		3. Date Incorporated or Qualified 04/17/1986 4. FEI Number 59-2661352 Applied For Not Applicable 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 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
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9. Name and Address of Current Registered Agent GALLAGHER, JOHN F. 2066 TAMiami TRAIL N NAPLES FL 34102				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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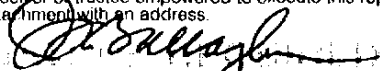
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLAGHER, JOHN F.			1.2 NAME			
STREET ADDRESS	3430 GULF SHORE BLVD N., APT. 6D			1.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GALLAGHER, IRENE M.			2.2 NAME			
STREET ADDRESS	3430 GULF SHORE BLVD N., APT. 6D			2.3 STREET ADDRESS			
CITY-ST-ZIP	NAPLES FL			2.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.

SIGNATURE: \_\_\_\_\_



4/28/98 941-263-8360

CR2E034 (10/97)