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

May 04, 1999 8:00 am Secretary of State

05-04-1999 90213 032 ***150.00

1. Corporation	MENT # L22432 COOK ADVERTISING, INC.								
Principal Place of Business Mailing Address						ון קבסוס ונסור ביסור סוס ונבווססר ו	nia ilai piari a	IDIR DIDIR DEDER I	nen eren 1891
225 WATER ST		225 WATER STREET			ļ				
SUITE 1600 SUITE 1600									
JACKSONVILLE FL 32202 JACKSONVILLE FL 32202					\	DO NOT WRITE IN THIS SPACE			
					3.	Date Incorporated or Qualifed			
		T =				10/12/1989			
-	Place of Business 2a. Mailing Address					FEI Number			plied For
21	Suite, Apt. #, etc. Suite, Apt. #, etc.				}	59-3010456		\$8.75 A	t Applicable
	F				5.	Certifcate of Status Desired		Fee Re	
City & State City & State						Election Campaign Financing		\$5.00	
	¬				6.	Trust Fund Contribution		Added t	, ,
23 Zip	Country Zip		Country	Country		This corporation owes the curr	ent vear Int		
24	25 29 30		_ `		0.	Personal Property Tax.	on Joan III	Yes	XNo
24	9. Name and Address of Current		1		10.	Name and Address of New F	Registered	Agent	
			81	Name					
Brant, Moore, Sapp, MacDonald & Wells Pa				Stroot A	ddroes (D	O. Box Number is Not Accepta	hia)		
50 NORTH LAURA ST., SUITE 3100			82	Street A	1001622 (F	.O. Box Number is Not Accept	uic)]
BARNETT CENTER			83						
JACKSONVILLE FL 32202			04	Oit.				85 Zip (
			84	City			FL	85 Zip (,oue
agent. I a	egistered agent, or both, in the State of m familiar with, and accept the obligation of the state of the stat	ons of, Section 607.0505, Florid	la Statutes	the corpor			DATE	Illineill as re	Jisteled
12.			13.	·		ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	D			1.1 TITLE				Change	☐ Addition
NAME.	SCHRAMM, BERNARD C., JR.		1.2 NAME						
STREET ADDRESS 225 WATER ST. #1600			1.3 STREET ADDRESS						
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP					
TITLE			2.1 TITLE					Change	Addition
NAME	! -"		2.2 NAME	Ì					ĺ
STREET ADDRESS			2.3 STREET ADDRESS						
CITY-ST-ZIP	P DELETE		2. 4 CITY-ST-ZIP					Change	Addition
TITLE			3.1 TITLE	((*) Magnadii)
NAME			3.2 NAME	* + D D D = 0.0					
STREET ADDRESS	1		1	TADDRESS					}
CITY-ST-ZIP TITLE				3.4. CITY-ST-ZIP 4.1 TITLE				Change	Addition
NAME			4. 2 NAME						_
STREET ADDRESS			1	4.3 STREET ADDRESS					{
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		F	4.4 CITY-ST-ZIP					
TITLE			5.1 TITLE					Change	Addition
NAME			5.2 NAME						
STREET ADDRESS			5.3 STREE	TADDRESS					}
CITY-ST-ZIP				T-ZIP					
TITLE		DELETE 6.1						Change	Addition
NAME			6.2 NAME	1					1
STREET ADDRESS			6.3 STREE	TADDRESS					}
CITY-ST-ZIP			6.4 CITY-S	T-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:

4/29/99

904/353-3911

Daytime Phone #