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

PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business

1000 CODIE DO



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L65798

(5)

Mailing Address

MAN AND E DO

COOKES AUTO WHOLESALES INC.

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Feb	14	1997	7 8	:00a	am
Se	cre	tary	of	Stat	te



SPRING HILL F		SPRING HILL FL 34608-65	514				
US		US :			3. Date Incorporated or Qualified 04/02/1990	3a. Date of Last 04/26/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21		26			59-3003099		Not Applicable
Suite, Apl	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		Additional Required
City & State	е	City & State			Election Campaign Financing Trust Fund Contribution		May Be
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for in	ntangible tax unde	s. 199.032,
24	25	29	30			Yes No	
	9. Name and Address of Curre			Z4T	10. Name and Address of New Reg		
- 500 3	OKE, HENRY L. AND MERLINE (3-DACCA DR 1 PA-FL 33819	COOKE		81 NameCo 82 Street Add	oke Heyry L Me Gress (P.O. Box Number is Not Acceptable 9	RLINE e)	Cooke
				64 City SP	RING HILL	FL 85 Z	P Code 4608
office or r	to the provisions of Sections 607.05 registered agent or both, in the Stat im familiar with, and accept the obti	le of Florida. Such change was	authorized	ove-named corpora	rporation submits this statement for the pation's board of directors. I hereby accep	urpose of changing	its registered
SIGNATURE.	Signature, typed or printed name of registered a	A)C	VIC. Danishman	Appel signer ve	uired when reinstating)	DATE	
12.		ND DIRECTORS	13.	Agent signatore requ	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	D	DELETE	1,1 111	LE		Chang	
NAME	COOKE, HENRY L, JR.		1,2 NA	ME I	•		
STREET ADDRESS	5003 DACCA DR.		1.3 ST	REET ADDRESS			
CITY-ST-ZIP	TAMPA FL			Y-ST-ZIP			
TITLE	D	DELETE	2.1 TH	LE		Chang	e Addition
NAME	COOKE, MERLINE		2.2 NA	ME .			ļ
STREET ADDIRESS	5003 DACCA DR.		2.3 ST	REET ADDRESS			
CITY-ST-ZIP	TAMPA FL		2. 4 Ci	TY-ST-ZIP			
TITLE		☐ DELETE	3.1 TIT	LE		Chang	e Addition
NAME			3.2 NA	ME .			
STREET ADDRESS		•	3.3 ST	REET ADDRESS	and the second second		Ì
C/TY+ST+ZIP			3,4. CI	TY-ST-ZIP			
TITLE		DELETE	4.1 717	LE		Chang	e 🔲 Addition
NAME			4. 2 N	ME			
STREET ADDRESS				REET ADDRESS			
CITY - ST - ZIP				Y-SY-ZIP			
TITLE		☐ DEFELE	5 1 TIT		•	[] Chang	e L. Addition
NAME			52 NA				
STREET ADDRESS			5.3 ST	REET ADDRESS			
CITY-ST-7IP		□ DELETE		Y-ST-ZIP		1 6	
THILE		☐ DELETE	6.1 TIT	1		Chang	je 🛄 Addition
NAME			6.2 NA				
STREET ADDRESS			6.3 ST	REET ADDRESS			
CITY-ST-ZIP	l	1 - 14 - 41 - 40 - 40 - 40 - 40 - 40 - 4	6.4 CI	Y-ST-ZIP	d in Continue 440 07/03/1). Florida Chat. to	7.5	

4. I do 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

SIGNATURE AND TYPED OFF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

2-1(-9/7- 666 4379