FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOC	CUMENT oration Name	# P9300	00	80438 (3	3)						
		HMOOK, INC.									
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Principal	Place of Business	CHMOOK, INC. ### Mailing Address 216 SEAVIEW ST. ### MEROURINE BEACH FL 32951 3. Date incorporated or Qualified 3a. Date of Last Report 11/22/1993 04/26/1995									
2. Princi	pal Place of Busir	ess	\vdash						4, FEI Number Applied For		
Suite,	Suite, Apt. #, etc.								\$8.75 Additional		
22 City 8	City & State								Fee Required		
23				⊢ .							
Zip 24		⊢ ¬ ′		—— ·			,	 This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☒ No 			
	9. Name	and Address of Current	Regist	ered Agent					10. Name and Address of New Registered Agent		
SCHMOOK, KAY G											
216 SEAVIEW ST.						82	Str	eet Addre	ess (P.O. Box Number is Not Acceptable)		
MELBOUNE BEACH FL 32951						83					
								y	FI 85 Zip Code		
11. Purs	suant to the provis	ions of Sections 607.0502 a	ind 607	.1508, Florida Statute	s, the al	bove-r	name Oratio	d corpora	ation submits this statement for the purpose of changing its registered office		
fami	liar with, and acce	ept the obligations of, Section	n 607.0	0505, Florida Statutes.	o by a s	s corp	Oraci	on S Doard	o of directors. Thereby accept the appointment as registered agent, ram		
SIGNAT		for printed name of registered agent an	nd title if a	opiicable (NOT	E: Register	red Ager	nt signa	lure required	d when reinstaing) DATE		
12.									ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	MANUEL D		☐ DELETE	1. 1	1 TITLE			Change Addition		
NAME											
STREET ADD	MELE							ESS			
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NAME		MOOK KAY G							Change C Adollion		
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CITY-ST-Z	MELDOUDNE DEACH EL										
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NAME				—		NAME			Company ()		
STREET ADO	DRESS					STREET	ADDR	ESS			
CITY-ST-Z						CITY-S					
14. I do	hereby certify tha	t the information supplied with	th this f	filing is voluntarily furni or supplemental anni	shed an	d doe	s not	qualify fo	or the exemption stated in Section 119.07(3)(k), Floride Statutes. I further te and that my signature shall have the same legal effect as if made under		

centry that the information indicated on this armual 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_y13 if changed, or on an attachment with an address.

SIGNATURE:

ACMINIONE KAY G SCHMOOK 4/10/96 (407)774-4508
REPRINTED NAME OF BIGNING OFFICER OR DIRECTOR