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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

DOCUMENT # P93000081239

1. Corporation Na COOK COL	JNTY PROPERTIES, INC.					·				
Principal Place of	f Business		ng Address	_						
1921 SW 74 TERR		1921	SW 74 TERRAC	CE 400F					or	
1921 SW 74 TERRACE PLANTATION FL 33317-4935 US PLANTATION FL 33317-4935						DO NOT WRIT	E IN THIS SPA	NCE		
US		02					3. Date Incorporated or Qualifed			
							11/24/1993		Applie	1 For
		29 1	Mailing Addres	s			4. FEI Number			plicable
2. Principal Plac	e of Business	26	10				<u>36-2146631</u>		8.75 Addi	
21			Suite, Apt. #, e	tc.			5. Certifcate of Status Desired		Fee Requi	
Suite, Apt. #,	etc.	27	. ,						\$5.00 Ma	
22			City & State				6. Election Campaign Financing		Added to F	ees
City & State	-	28	<u>.</u>				Trust Fund Contribution	ont year Intang		
23	Country		Zip		Country		This corporation owes the current Personal Property Tax.	en year many	Yes 🗆	No
Zip	25	29		30	0		10. Name and Address of New			
24	9. Name and Address of Curre	ent Registe	ered Agent			Name	10. Name and Addition			
	3. Name Control				81	1		11.5		
WEISI	MAN, DAVID				82	Street Ad	dress (P.O. Box Number is Not Accept	able)		
2021	TYLER ST.					<u> </u>				
HOLL	YWOOD FL 33020				83	1			T C-	<u></u>
					84	City		FI	85 Zip Co	
						,	— — to the		anging its re	gistered
	the envisions of Sections 607.0	502 and 60	07.1508, Florid	la Statutes	s, the abov	ve-named co	orporation submits this statement for the ation's board of directors. I hereby acce	ept the appointr	nent as regis	
agent. I ar	o the provisions of Sections 607.03 egistered agent, or both, in the Stat in familiar with, and accept the obli	igations of,	Section 607.0	J303, FIOIR	da Statuto	.		DATE		
agent. I ar	n familiar with, and accept the oblin	igations of,	Section 607.0	J303, FIOIR	Registered Age	.	cuired when reinstating) ADDITIONS/CHANGES TO O	DATE FFICERS AND	DIRECTOR	
agent. I ar	of familiar with, and accept the oblining familiar with a second familia	igations of,	if applicable.	(NOTE: F	da Statuto	ent signature req		DATE FFICERS AND		S IN 12
agent. I ar	Signature, typed or printed name of registered a OFFICERS	igations of,	if applicable.	J303, FIOIR	Registered Age	ent signature req		DATE FFICERS AND	DIRECTOR	S IN 12
agent. I an SIGNATURE	Signature, typed or printed name of registered a OFFICERS DP ANTONUCCI, LOUIS J	igations of,	if applicable.	(NOTE: F	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature req		DATE FFICERS AND	DIRECTOR	S IN 12
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered a OFFICERS of DP ANTONUCCI, LOUIS J 2021 TYLER ST. HOLLYWOOD FL 33020 DV WESSMAN, JENNIE L	igations of,	if applicable.	(NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STRE 1.4 CITY 2.1 TITLE 2.2 NAME	ent signature req		DATE FFICERS AND	DIRECTOR Change	S IN 12
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14. Thereby 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 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.