

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

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90184 013 \*\*\*150.00

**DOCUMENT # P95000042729**

1. Corporation Name

**DON COOK ENTERPRISES, INC.**



Principal Place of Business

**1589 S. MILITARY TRAIL  
WEST PALM BEACH FL 33415**

Mailing Address

**910 SOUTH PATRICK CIRCLE  
WEST PALM BEACH FL 33406  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/01/1995**

4. FEI Number

**65-0591877**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

City & State

**23** Zip Country

City & State

**28** Zip Country

9. Name and Address of Current Registered Agent

**COOK, DONALD R  
1589 S MILITARY TR.  
W. PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name

**Donald R Cook**

82 Street Address (P.O. Box Number is Not Acceptable)

**910 S. Patrick Circle**

83

84 City

**West Palm Beach**

FL

85 Zip Code

**33406**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PD  
COOK, DONALD R  
1589 S MILITARY TR  
W. PALM BEACH FL 33415**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**VD  
STRATEMEYER, MADIE A  
1589 S. MILITARY TR.  
W. PALM BEACH FL 33415**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**S  
COOK, MARILYN P  
910 SOUTH PATRICK CIR  
W. PALM BEACH FL 33406**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**NAME  
STREET ADDRESS  
CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Vice Pres.  
Donald R Cook** ☒ Change ☐ Addition

**910 S. Patrick Circle**

**West Palm Beach, Fla 33406**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)