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
99 JUN -9 AM 10:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000007343

1. Corporation Name

Cooke & Shorter Inc.

Principal Place of Business	Mailing Address
5906 Iona Ave ORLANDO, FL 32835	5906 Iona Ave ORLANDO, FL 32835

04-26-99 90128 032
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21	26 7226 W. Colonial DR
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 # PMB 342
City & State 23	City & State 28 ORLANDO FL
Zip / Country 24 25	Zip / Country 29 32818 30 USA

3. Date Incorporated or Qualified: 01/21/1997

4. FEI Number: 59-3418487 — 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 [X] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
Shorter, Gregory S 5906 IONA AVE ORLANDO, FL 32835	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, Typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	[ ] DELETE	11 TITLE	[ ] Change [ ] Addition
NAME	Shorter, Gregory S		12 NAME	
STREET ADDRESS	5906 IONA Ave		13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32835		14 CITY-ST-ZIP	
TITLE	STVD	[ ] DELETE	21 TITLE	[ ] Change [ ] Addition
NAME	Cooke, Patrick M		22 NAME	
STREET ADDRESS	1847 Citrus Chase DR		23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836		24 CITY-ST-ZIP	
TITLE	VD	[X] DELETE	31 TITLE	[ ] Change [ ] Addition
NAME	Gordon, Michael		32 NAME	
STREET ADDRESS	3936 S. Semoran Blvd #1607		33 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32822		34 CITY-ST-ZIP	
TITLE		[ ] DELETE	41 TITLE	[ ] Change [ ] Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			44 CITY-ST-ZIP	
TITLE		[ ] DELETE	51 TITLE	[ ] Change [ ] Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		[ ] DELETE	61 TITLE	[ ] Change [ ] Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (11/98)

04/26/99 90128 032 150.00

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: Greg Shorter Greg Shorter 6-3-99 407-222-1890
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #