FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90165 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000028489

1. Corporation Name

COOKE'S GOOSE RESTAURANT & COCKTAIL LOUNGE, INC.

Principal Place of Business Mailing Address							
3750 N STATE RD 7 3750 N STATE RD 7 LAUDERDALE LAKES FL 33319-5610 LAUDERDALE LAKES FL 3331							
					DO NOT WRITE IN THIS SPACE		
, }					3. Date Incorporated or Qualifed		
					03/26/1997		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
2126					65-0740519	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						Additional	
22		27			3. 30/mode of states 550mes	Fee Re	quired
City & State	е	City & State			6. Election Campaign Financing	\$5.00	•
23		28			Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year I	ntangible	\X
24	25		30		Personal Property Tax.		XNo _
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
≯ PITTI	ED CADI S		81	Name			_
PITTER, CARL S 7447 NORTH WEST 57THS T			82	Street Add	ress (P.O. Box Number is Not Acceptable)		
TAMARAC FL 33319			<u></u>				
IAM	MANG FL 33319		83		•		
			84	City		85 Zip (Code
				l	<u></u> <u></u>		
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was aut	horized by	the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
SIGNATURE						_	
UNDITATIONS.	Signature, typed or printed name of registered agent			nt signature require	ed when reinstating) DATE	LUD DIDEOTO	NO IN 40
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	D	☐ DELETE	1.1 TITLE	İ		J Change	☐ Vagition
NAME	COOKE, MERTON		1.2 NAME	}			1
STREET ADDRESS	ADDITION OF THE TIME THE			TADDRESS			
CITY-ST-ZIP	LAUDERDALE LAKES FL 33319		1,4 CITY-S	T-ZIP			
TITLE			2.1 TITLE			Change	☐ Addition
NAME	1,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0,0		2.2 NAME				
STREET ADDRESS	0,000,000,000,000,000			T ADDRESS			
CITY-ST-ZIP				ST-ZIP			
TITLE		☐ DELETE	3,1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	TADDRESS			
CITY-ST-ZIP			3.4. CITY-5	ST- ZIP			
TITLE		☐ DELETE	4.1 TITLE			Change	Addition
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY-S	T-ZiP			
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition

CITY-ST-ZIP 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 outh; 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.

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

ED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

☐ Addition