**PROFIT** CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # DOCOMOCO 115

JOAN T. COOK & ASSOCIATES, INC.									
Principal Place	of Business	Mailing Address	-		1 1383101	ED ILM TÖLÜL IÖLIT BOLTI OLTIL UONIL O	Aftin Abstr abidi cirbs ii	1401 BILL IBBI	
462 DEWAR'S COURT 462 DEWAR'S COURT WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708						DO NOT WRITE IN T	HIS SPACE		
!					07/01/19				
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Numbe		<u> </u>	olied For	
21		26			39-	<u>3519712</u>		Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of	f Status Desired	\$8.75 Ac Fee Req		
City & State	City & State City & State				I I	mpaign Financing  Contribution	\$5.00 N Added to	• (	
Zip 24	Country 25	Zip 3	Count	ry		ation owes the current yearoperty Tax.	r Intangible  Yes	12No	
9. Name and Address of Current Registered Agent					10. Name and	Address of New Registe	red Agent		
COOK, JOAN T 462 DEWAR'S COURT WINTER SPRINGS FL 32708				33 Gity	Street Address (P.O. Box Number is Not Acceptable)  City  FL 85 Zip Code				
office or n agent. I a	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligation of the state of the obligation of the state of the sta	of Florida. Such change was autitions of, Section 607.0505, Florid	la Statute la Statute	op the corpo es. OAN T	CONK ARI	is statement for the purpos tors. I hereby accept the a CLASAT 4/11 DAT CHANGES TO OFFICER:	<i>]</i> 99		
12.	OFFICERS AN	ID DIRECTORS	/ 13.		P	CHANGES TO OFFICER	Change	Addition	
NAME STREET ADDRESS		L.) DELETE	1.2 NAM	1	JOAN T. COO ALS LEWA	R'S COURT			
			1.4 CITY		WINTER	PRINGS, FL	301708		
CITY-ST-ZIP			2.1 TITLE			<u> </u>	☐ Change	Addition	
NAME			2.2 NAM	ε				į	
STREET ADDRESS			2.3 STRE	EET ADDRESS				Í	
CITY-ST-ZIP				r-ST-ZIP					
TITLE			3.1 TITU	E -			Change ·	☐ Addition	
NAME			3.2 NAM	Ε					
STREET ADDRESS	1		3.3 STRE	EET ADDRESS				ļ	
CITY-S1-ZIP			3.4. CITY	r-ST-ZIP				······	
TITLE		☐ DELETE	4.1 TITLI	ā —			Change	☐ Addition	
NAME			4. 2 NAM	Æ					
STREET ADDRESS			4.3 STR	EET ADDRESS				ļ	
CITY-ST-ZIP			4,4 CITY	-ST-ZIP					
TITLE		☐ DELETE	5.1 TITL	Ē			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 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.

5.2 NAME

6.1 TITLE

6.2 NAME

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

WOAN-TO COOK

☐ DELETE

407-327-3601

☐ Change

☐ Addition

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90250 012 \*\*\*150.00