

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

1995



MAY -1 AM 8:05

DOCUMENT # S33477

(8)

COOKEE MANAGEMENT CORPORATION

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

19720 BOBOLINK DR.
MIAMI FL 33115

19720 BOBOLINK DR.
MIAMI FL 33115

STATE OF FLORIDA

2. Date of Incorporation		2a. Month, Day, Year		3. Date of Last Report		3a. Date of Last Report	
21		26		02/21/1991		05/01/1994	
22		27		4. Filing Number		Applied For	
23		28		59-3048228		Not Applicable	
24		29		5. Certificate of Status (Required)		☐ \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution		☐ \$5.00 May Be Added to Fees	
26		31		7. Does corporation have liability for unpaid taxes under Chapter 193, Florida Statutes?		☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ANNUNZIATO, ANGELO A.
19720 BOBOLINK DR.
MIAMI, FL - 33115

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 607.0501 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. Thereby, accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required) (Signature of Registered Agent is required for all filings)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	ANNUNZIATO, RUTH M.	1. NAME	☒ Change ☐ Addition
STREET ADDRESS	19720 BOBOLINK DR.	2. NAME	
CITY, STATE, ZIP	MIAMI FL	3. STREET ADDRESS	
NAME	ANNUNZIATO, ANGELO A.	4. CITY, STATE, ZIP	
STREET ADDRESS	19720 BOBOLINK DR.	5. NAME	
CITY, STATE, ZIP	MIAMI FL	6. STREET ADDRESS	
NAME		7. CITY, STATE, ZIP	
STREET ADDRESS		8. NAME	
CITY, STATE, ZIP		9. STREET ADDRESS	
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CITY, STATE, ZIP		96. STREET ADDRESS	
NAME		97. CITY, STATE, ZIP	
STREET ADDRESS		98. NAME	
CITY, STATE, ZIP		99. STREET ADDRESS	
NAME		100. CITY, STATE, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct, and that I am familiar with and accept the obligations of Section 607.0505, Florida Statutes. I further certify that the information submitted on this annual report or supplemental annual report is true and accurate and that my corporation shall have the same long after it is made public. I am an officer or director of this corporation. For the recovery of damages imposed for non-compliance with this report as required by Chapter 193, Florida Statutes, and that my report appears on the public record of the Department of State, I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Angelo A. Annunziato*
SECRETARY/
TREASURER
4-25-95
305-829-9628
ANGEL A. ANNUNZIATO