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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	996	. Co. Mr. 20.			IONS				
DOCUM	IENT # S66	3252	(5)						
	OOK ENTERPRISES, I	INC.							
Principal Place o	f Business	Main	ng Address						
40946 US HEY 19 N TARPON SPRINGS FL 34689			8726 MANOS CIRCLE NEW PORT RICHEY FL 34655						
						3. Date Incorporated or Qualified 07/11/1991		of Last Re 1/15/19	*
2. Principal Plac	e of Business	<u> </u>	Mailing Address			4. FEI Number			opplied For
	nle .	26	Suite, Apt. #, etc.			59-3071026			Not Applicable Additional
Suite, Apt. #,	eic.	27	золе, жрт. н, вто.			5. Certificate of Status Desired		•	Required
City & State			City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
 Zip	Country		?ip	Countr	у	8. This corporation has liability fo	r intangible ta	cunders	199.032,
1	25	29		30		Florida Statutes Ye 10. Name and Address of New	s No		
	9. Name and Address of	Current Registe	rea Agent	8	1 Name	10. Name and Address of New	negistered A	.Ae.u	
40946 U.S. HIGHWAY 19 NORTH TARPON SPRINGS FL 34689 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Security or registered agent, or both, in the State of Florida. Such change was auth familiar with, and accept the obligations cf, Section 697.0505, Florida State				8: 8:	<u> </u>	FL 85 Zip Code ration submits this statement for the purpose of changing its registered office of the purpose			
11. Pursuant to	the provisions of Sections 60	07.0502 and 607.	1508, Florida Statute	es, the above	named corporation's bo	oration submits this statement for the p		nging its re reaistered	egistered offici agent. I am
SIGNATUHE si	ignature, typed or profed name of registe	ered agent and title Cap	picable.	TE: Registereo Ag	named corporation's bo	red when reinstating)	pointment as	196	2
BIGNATUHE si	ignature, typied or printed name of register OFFICE		olicable. ORS	TE: Registered Ag	ent signature requi	mell .	pointment as	196	2
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oath; that I an an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter appears in Block 12 or Block 13 if chart ed, or on an attachment with an address.

SIGNATURE: .

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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