

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 498890 (3)

1. Corporation Name

THE COOK'S NOOK TWO INC.

Principal Place of Business

Mailing Address

31 THE PROMENADES  
PORT CHARLOTTE FL 33952

29 THE PROMENADES  
PORT CHARLOTTE FL 33952  
US



2. Principal Place of Business

2a. Mailing Address

21 1900 TAMiami TRAIL

26 SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 114

27

City & State

City & State

23 Port Charlotte, FL

28

Zip

Country

Zip

Country

24 33948

25 U.S.A.

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

03/15/1976

05/01/1995

4. FEI Number

Applied For

59-1672647

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

10. Name and Address of New Registered Agent

81 Name WARD JOHN R.

82 Street Address (P.O. Box Number is Not Acceptable)

1900 TAMiami TRAIL - UNIT 114

83 CAROUSEL MALL

84 City Port Charlotte

FL

85 Zip Code

33948

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

Signature, typed or printed name of registered agent and title, if applicable

NOTE: Registered Agent's signature required when changing

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

P WARD, JOHN R.  
8 N. OAKWOOD DRIVE  
ENGLEWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

S WARD, MARGARET B.  
8 N. OAKWOOD DRIVE  
ENGLEWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

VP ROSS, ELIZABETH D.  
8 N. OAKWOOD DRIVE  
ENGLEWOOD FL

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 a attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOHN R. H. WARD 4/2/96 (941) 625-6462

CR2E034 (12/95)