

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 655919 (9)

1. Corporation Name
SARA COOK, INC.



Principal Place of Business: 905 TRUMAN AVENUE KEY WEST FL 33040
Mailing Address: 905 TRUMAN AVENUE KEY WEST FL 33040

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
02/14/1980	05/01/1995
4. FEI Number	Applied For
59-1970940	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

COOK, SARA
905 TRUMAN AVENUE
KEY WEST FL 33040

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 607.002 and 607.006, 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 607.006, Florida Statutes.

SIGNATURE: *Sara Cook* SARA COOK *3/25/96*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, SARA	2. NAME	
STREET ADDRESS	3001 RIVIERA DR	1. STREET ADDRESS	
CITY-STATE-ZIP	KEY WEST FL	14. CITY-STATE-ZIP	
TITLE	V	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCGREGOR, RONALD C.	2. NAME	
STREET ADDRESS	1604 VON PHISTER	2. STREET ADDRESS	
CITY-STATE-ZIP	KEY WEST FL	24. CITY-STATE-ZIP	
TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY-STATE-ZIP		35. CITY-STATE-ZIP	
TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4. NAME	
STREET ADDRESS		4. STREET ADDRESS	
CITY-STATE-ZIP		44. CITY-STATE-ZIP	
TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5. NAME	
STREET ADDRESS		5. STREET ADDRESS	
CITY-STATE-ZIP		54. CITY-STATE-ZIP	
TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		6. STREET ADDRESS	
CITY-STATE-ZIP		64. CITY-STATE-ZIP	

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14. I do hereby certify that the information supplied with this report is fairly furnished and does not comply with the exemption state in Section 119.07(4)(a) Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual reports 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, business owner or trustee empowered to execute this report as required by Chapter 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or corrected from its prior listing.

SIGNATURE: *Sara Cook* SARA COOK *3/25/96* 305-294-8491

CR2E034 (12/95)