

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

3	Date Incorporated or Qualified	3a	Date of Last Report
	02/14/1980		05/01/1995
4	FBI 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

FL

11. Pursuant to the provisions of Sections 607.002 and 607.004, 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 607.004, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> DELETE
NAME	COOK, SARA	
STREET ADDRESS	3001 RIVIERA DR	
CITY-STATE-ZIP	KEY WEST FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MCGREGOR, RONALD C.	
STREET ADDRESS	1604 VON PHISTER	
CITY-STATE-ZIP	KEY WEST FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12	NAME	
13	STREET ADDRESS	
14	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
15	TITLE	
16	NAME	
17	STREET ADDRESS	
18	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
19	TITLE	
20	NAME	
21	STREET ADDRESS	
22	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
23	TITLE	
24	NAME	
25	STREET ADDRESS	
26	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
27	TITLE	
28	NAME	
29	STREET ADDRESS	
30	CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**100001763771
-04/01/96--01014--006
***200.00**

3-30-96

14. I do hereby certify that the information supplied with this form is true and accurate and that I am an officer or director of the corporation. 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, and that my name appears in Block 12 or Block 13 if changed or in a certificate of amendment.

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

CR2E034 (12/95)