## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F94120

(5)

LORETTA D. COOK - C.P.A., P.A.

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Principal Place of Business  % LORETTA D. COOK 4800 8.W. 64TH SUITE 110 DAVIE FL. 33314		Mailing Address % LORETTA D. COOK 4800 S.W. 64TH SUITE DAVIE FL. 33314-4449	110			
					3. Date Incorporated or Qualified 08/10/1982	3a. Date of Last Report 04/18/1996
	lace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-2212223	Not Applicable	
Sulte, Apt. #, etc.		<del> </del>	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stat	θ	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability for i	ntangible tax under s. 199.032,
24	25	29	30			Yes No
	9. Name and Address of Curi	ent Registered Agent	8	4 Name	10. Name and Address of New Ré	jistered Agent
	OK, LORETTA D.		8	1 Name		
	O S.W. 64TH SUITE 110		8:	2 Street Add	fress (P.O. Box Number is Not Acceptab	e)
UAV	TE FL 33314		8	3		
			ľ			
			8-	4 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Stat	ules, the abo	ve-named cor	poration submits this statement for the p	
office or r	egistered agent, or both, in the Start familiar with lend accept the ob-	ate of Florida, Such change was ligations of Section 607 0505.	s authorized I Florida Statut	by the corpora	poration submits this statement for the p ation's board of directors. I hereby accep	t the appointment as registered
SIGNATURE	and the company of th	ngaliono or, coolian con local, i	riorida elatat	J		
SIGNATURE	Signature, typed or printed name of registered		OTE: Registered A	gent signature requ	ired when reinstating)	DATE
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PD	DELETE	1 1 1 1 1 T L F	- (		Change Addition
NAME	COOK, LORETTA D		1.2 NAMI	:		
STREET ADDRESS	488 NW 94 TERRACE			et address		
CITY-ST-ZIP	PLANTATION FL	DELETE	1.4 CITY - 2.1 TOLE	ST-ZIP		Change Addition
NAME		C) occur	2.2 NAME	.		□ outside □ vooutou
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2.4 City		•	
TITLE	<u> </u>	DELETE	3.1 TITLE			Change Addition
NAME			32 NAME	-		
STREET ADDRESS			3.3 STRE	FT ADDRESS		
CITY-ST-ZIP			3.4. CITY	- S1 - 7IP		
TITLE		DELETE	4.1 TITLE	:		Change Addition
NAME			4. 2 NAM	£ '		
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP	<del></del>		4.4 CITY -			
TITLE		☐ DELETE	5.1 TiTL€			☐ Change ☐ Addition
NAME			5.2 NAME	ĺ		,
STREET ADDRESS				T ADDRESS		
CITY-\$T-ZIP TITLE	<del></del>	DELETE	5.4 CITY- 6.1 TITLE	Ş1-ZIP		Change Addition
NAME :		[] With	6.2 NAME			CT origings CT Addition
STREET ADDRESS				1 ADDRESS		
CITY-\$T-ZIP	1		6.4 CITY	1		
<del></del>	by certify that the information suppl	lied with this filing does not aur			d in Section 119.07(3)(i), Florida Statutes	. I further certify that the
Informatio	n Indicated on this annual report of	r supplemental annual report is	true and acc	curate and tha	it my signature shall have the same legal	effect as if made under path; that
appears i	n Block 12 or Block 13 if charged	er fryan attachment with an a	sdress,	oute this repu	rt as required by Chapter 607, Florida St	954