

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

FILED
Mar 24 1997 8:00am
Secretary of State



PROFIT CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # **H46940** (3)

1. Corporation Name
DON COOK, INC.



Principal Place of Business
**1476 AURORA RD.
MELBOURNE FL 32935
US**

Mailing Address
**1476 AURORA RD.
MELBOURNE FL 32935-5382
US**

3. Date Incorporated or Qualified
03/13/1985

3a. Date of Last Report
03/26/1996

4. FEI Number
59-2721146

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes No

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

26

27

28

29

30

9. Name and Address of Current Registered Agent

**COOK, DONALD H.
1476 AURORA RD.
MELBOURNE FL 32935**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0802 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 _____ DATE _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **COOK, DONALD H.**

STREET ADDRESS **120 ROSEWOOD DR.**

CITY, ST, ZIP **COCOA FL 32929**

TITLE DELETE

NAME **COOK, JUDITH A.**

STREET ADDRESS **120 ROSEWOOD DR.**

CITY, ST, ZIP **COCOA FL 32929**

TITLE DELETE

NAME **BEACOM, ELLEN L.**

STREET ADDRESS **2840 CARIBBEAN ISLE BLVD #202**

CITY, ST, ZIP **MELBOURNE FL**

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

TITLE DELETE

NAME

STREET ADDRESS

CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as changed, or on an attachment, with an address.

SIGNATURE: *Ellen L. Beacom* 2/28/97 (407) 259-1253
DATE: _____ DAYTIME PHONE: # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)