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FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # H48564 (9)  
1. Corporation Name  
STORYBOOK COTTAGE, INC.



Principal Place of Business  
2507 US 1 S 7050  
ST. AUGUSTINE FL 32086

Mailing Address  
2507 US 1 S 7050  
ST. AUGUSTINE FL 32086

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/20/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2504206	
24 Country		30 Country		5. Certificate of Status Desired	
				Applied For	
				Not Applicable	
				6. Election Campaign Financing	
				Trust Fund Contribution	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30	
				Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAMM, JEFFREY H.  
2507 US 1 S 7050  
ST AUGUSTINE FL 32077

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

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 intent, applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	1.1 TITLE	
NAME	KAMM, JEFFREY H.	1.2 NAME	
STREET ADDRESS	2507 US 1 S 7050	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	
NAME	KAMM, BABETTE A.	2.2 NAME	
STREET ADDRESS	2507 US 1 S 7050	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE FL	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	
NAME	WILSON, JOYCE	3.2 NAME	
STREET ADDRESS	RT 5 BOX 94	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	WILSON, HERB	4.2 NAME	
STREET ADDRESS	RT 5 BOX 97	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALATKA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information submitted 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 I am not in Block 12 or Block 13 if changed, or on an attachment with address.

SIGNATURE

CR2E034 (10/97)