

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000020408 (9)**

1. Corporation Name
PAMELA J. COOK, R.P.R., INC.



Principal Place of Business 5433 FRIARSWAY DRIVE TAMPA FL 33624	Mailing Address 5433 FRIARSWAY DRIVE TAMPA FL 33624-4163
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3. Date Incorporated or Qualified 03/15/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 15110 Arbor Hollow Dr. Suite, Apt. #, etc. 22 - City & State 23 Odessa, FL. Zip 24 33556 Country 25 USA	2a. Mailing Address 26 15110 Arbor Hollow Dr. Suite, Apt. #, etc. 27 - City & State 28 Odessa, FL. Zip 29 33556 Country 30 USA
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4. FEI Number 59-3174745	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COOK, PAMELA J 5433 FRIARSWAY DRIVE TAMPA FL 33624	
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10. Name and Address of New Registered Agent	
81 Name Pamela J. Cook	
82 Street Address (P.O. Box Number is Not Acceptable) 15110 Arbor Hollow Dr.	
83	
84 City Odessa	85 Zip Code FL 33556

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> DELETE
NAME COOK, PAMELA J	
STREET ADDRESS 5433 FRIARSWAY DR.	
CITY - ST - ZIP TAMPA FL 33624	
TITLE SD	<input type="checkbox"/> DELETE
NAME COOK, PERRY R	
STREET ADDRESS 5433 FRIARSWAY DR.	
CITY - ST - ZIP TAMPA FL 33624	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 15110 Arbor Hollow Dr.	
1.4 CITY - ST - ZIP Odessa, FL. 33556	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS 15110 Arbor Hollow Dr.	
2.4 CITY - ST - ZIP Odessa, FL 33556	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address.

SIGNATURE: **Pamela J. Cook** (Pamela J. Cook) 4-2597 926-2503
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)