

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

FILED

Mar 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
--	---	--

DOCUMENT # P96000043346 (1)

1. Corporation Name
LAKE COOK ROAD CORPORATION

Principal Place of Business 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD. SUITE 600 TALLAHASSEE FL 32308-7703
--	---

3. Date Incorporated or Qualified 05/21/1996	3a. Date of Last Report
---	-------------------------

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-3387925 Applied For 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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	--	---	---

9. Name and Address of Current Registered Agent

SCHOW, HORACE II
1801 HERMITAGE BLVD.
SUITE 600
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name David E. Todd
82 Street Address (P.O. Box Number is Not Acceptable) 1801 Hermitage Blvd., Suite 100
83
84 City Tallahassee FL 85 Zip Code 32308

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  David E. Todd

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-97

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	BENNETT, DOUGLAS W	
STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY, ST, ZIP	TALLAHASSEE FL 32308	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MILLER, TODD A	
STREET ADDRESS	1801 HERMITAGE BLVD.	
CITY, ST, ZIP	TALLAHASSEE FL 32308	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Laler De Costa
3.3 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400
3.4 CITY - ST - ZIP	Atlanta, GA 30342-1522
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Jay Raghavan
4.3 STREET ADDRESS	1150 Lake Hearn Dr., NE, Suite 400
4.4 CITY - ST - ZIP	Atlanta, GA 30342-1522
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	V/AS
5.3 STREET ADDRESS	Luanne G. Brill
5.4 CITY - ST - ZIP	1801 Hermitage Blvd., Suite 100
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	S
6.3 STREET ADDRESS	Evelyn Harrington
6.4 CITY - ST - ZIP	1150 Lake Hearn Dr., NE, Suite 400

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:  Douglas W. Bennett

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)