

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

FILED
Feb 25 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000043346 (1)

1. Corporation Name
LAKE COOK ROAD CORPORATION

Principal Place of Business 1801 HERMITAGE BLVD. SUITE 800 TALLAHASSEE FL 32308	Mailing Address 1801 HERMITAGE BLVD. SUITE 800 TALLAHASSEE FL 32308
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/21/1996	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-3387925		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent TODD, DAVID E 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE FL 32308				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 FL	

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	DVAS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	BENNETT, DOUGLAS W			1.2 NAME	James W. Horton		
STREET ADDRESS	1801 HERMITAGE BLVD.			1.3 STREET ADDRESS	1801 Hermitage Blvd.		
CITY-ST-ZIP	TALLAHASSEE FL 32308			1.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	MILLER, TODD A			2.2 NAME	Jeffrey L. Smith		
STREET ADDRESS	1801 HERMITAGE BLVD.			2.3 STREET ADDRESS	1801 Hermitage Blvd.		
CITY-ST-ZIP	TALLAHASSEE FL 32308			2.4 CITY-ST-ZIP	Tallahassee, FL 32308		
TITLE	P	<input type="checkbox"/> DELETE		3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DE COSTA, LALER			3.2 NAME	Patricia C. Snedeker		
STREET ADDRESS	1150 LAKE HEARN DR NE SUITE 400			3.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800		
CITY-ST-ZIP	ATLANTA GA 22			3.4 CITY-ST-ZIP	Atlanta, GA 30326		
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAGHAVAN, JAY			4.2 NAME	Laler DeCosta		
STREET ADDRESS	1150 LAKE HEARN DR NE SUITE 400			4.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800		
CITY-ST-ZIP	ATLANTA GA 22			4.4 CITY-ST-ZIP	Atlanta, GA 30326		
TITLE	VAS	<input type="checkbox"/> DELETE		5.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRILL, LUANNE G			5.2 NAME	Jay Raghavan		
STREET ADDRESS	1801 HERMITAGE BLVD, SUITE 100			5.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800		
CITY-ST-ZIP	TALLAHASSEE FL			5.4 CITY-ST-ZIP	Atlanta, GA 30326		
TITLE	S	<input type="checkbox"/> DELETE		6.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARRINGTON, EVELYN			6.2 NAME	Evelyn Harrington		
STREET ADDRESS	1150 LAKE HEARN DR NE SUITE 400			6.3 STREET ADDRESS	3424 Peachtree Road, NE, Suite 800		
CITY-ST-ZIP	ATLANTA GA 22			6.4 CITY-ST-ZIP	Atlanta, GA 30326		

14. I 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, Director

850-488-4406

CR2E034 (10/97)