


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

FILED

Mar 18 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 # P96000104459 (8) 1. Corporation Name THE COOKIE COMPANY OF THE TREASURE COAST					
Principal Place of Business 444 OKECHOBEE RD FT PIERCE FL 34947			Mailing Address 444 OKECHOBEE RD FT PIERCE FL 34950-8354		
2. Principal Place of Business 21 4444 OKEECHOBEE RD Suite, Apt. #, etc.		2a. Mailing Address 26 4444 OKEECHOBEE RD. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 12/20/1996	
22 City & State 23 FL. Pierce, Florida Zip 34947 Country		27 City & State 28 FL. Pierce, Florida Zip 34947 Country		4. FEI Number 65-0715810 Applied For Not Applicable	
24		29		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent KOHL, N DEAN 50 SE KINDRED ST STUART FL 34994		10. Name and Address of New Registered Agent 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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
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: SHARON K. HERROD <i>Sharon K. Herrod</i> PRESIDENT 2-6-97 561-464-2444 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0011073					



CR2E034 (9/96)