


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

FILED
Feb 18 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 # **V66452** (6)
1. Corporation Name
LET'S COOK, INC.



Principal Place of Business
**LET'S COOK
153 THE AVENUES MALL
JACKSONVILLE FL 32256
US**

Mailing Address
**2293 HAMMOCK OAKS DR N
JACKSONVILLE FL 32223**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/24/1992	
21		26		4. FEI Number 59-3153870	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24	Zip	25	Country	29	Zip
				30	Country

9. Name and Address of Current Registered Agent DECKARD, RONALD 2293 HAMMOCK OAKS DR N JACKSONVILLE FL 32223				10. Name and Address of New Registered Agent			
				81 Name Janice Deckard			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83 2293 Hammock Oaks Dr. N.			
				84 City Jacksonville FL 85 Zip Code 32223			

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 in Section 607.0505, Florida Statutes.

SIGNATURE *Janice M. Deckard Pres.* 2-10-98
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	VP	<input type="checkbox"/> DELETE		1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKARD, WENDY			1.2 NAME	Pesek, Wendy		
STREET ADDRESS	2293 HAMMOCK OAKS DR. N.			1.3 STREET ADDRESS	308 Island view circle		
CITY-ST-ZIP	JACKSONVILLE FL			1.4 CITY-ST-ZIP	Orange Park, FL		
TITLE	T	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKARD, LAURIE			2.2 NAME			
STREET ADDRESS	2293 HAMMOCK OAKS DR. N.			2.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			2.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CROSBY, HOLLY			3.2 NAME	Crosby, Holly		
STREET ADDRESS	11041 RIDGE POINT DRIVE			3.3 STREET ADDRESS	10138 Arrowhead Dr. E. #6		
CITY-ST-ZIP	JACKSONVILLE FL			3.4 CITY-ST-ZIP	Jacksonville, FL		
TITLE	P	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKARD, JANICE			4.2 NAME			
STREET ADDRESS	2293 HAMMOCK OAKS DRIVE NORTH			4.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			4.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DECKARD, RONALD			5.2 NAME			
STREET ADDRESS	2293 HAMMOCK OAKS DRIVE NORTH			5.3 STREET ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 *Janice M. Deckard Pres.* 2-10-98

CR2E034 (10/97)