


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

**FILED**  
**Feb 18 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V66452 (6)**  
 1. Corporation Name  
**LET'S COOK, INC.**



Principal Place of Business <b>LET'S COOK                  153 THE AVENUES MALL                  JACKSONVILLE FL 32256                  US</b>	Mailing Address <b>2293 HAMMOCK OAKS DR N                  JACKSONVILLE FL 32223</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/24/1992**

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
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4. FEI Number <b>59-3153870</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

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 <b>Janice Deckard</b>
82 Street Address (P.O. Box Number is Not Acceptable)
83 <b>2293 Hammock Oaks Dr. N.</b>
84 City <b>Jacksonville</b> FL 85 Zip Code <b>32223</b>

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 *Janice M. Deckard Pres.* DATE **2-10-98**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	DECKARD, WENDY	
STREET ADDRESS	2293 HAMMOCK OAKS DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	DECKARD, LAURIE	
STREET ADDRESS	2293 HAMMOCK OAKS DR. N.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	CROSBY, HOLLY	
STREET ADDRESS	11041 RIDGE POINT DRIVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	DECKARD, JANICE	
STREET ADDRESS	2293 HAMMOCK OAKS DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	DECKARD, RONALD	
STREET ADDRESS	2293 HAMMOCK OAKS DRIVE NORTH	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pesek, Wendy	
1.3 STREET ADDRESS	308 Island view circle	
1.4 CITY-ST-ZIP	Orange Park, FL	
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	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Crosby, Holly	
3.3 STREET ADDRESS	10138 Arrowhead Dr. E. #6	
3.4 CITY-ST-ZIP	Jacksonville, FL	
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 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 *Janice M. Deckard Pres.* DATE **2-10-98**

CR2E034 (10/97)