

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 574667 (2)  
1. Corporation Name: BOOKSMITH, INC.



Principal Place of Business: 8 CATHEDRAL PL. ST. AUGUSTINE FL 32084  
Mailing Address: 8 CATHEDRAL PL. ST. AUGUSTINE FL 32084

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt #, etc	26	Suite, Apt #, etc	06/05/1978	04/10/1995
22	City & State	27	City & State	4. FEI Number	Applied for
23	Zip	28	Zip	59-1833660	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	<input type="checkbox"/>
24		25		6. Election Campaign Financing Trust Fund Contribution	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		8. This corporation has liability for intangible tax under s. 199.03?	
				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SMITH, ROBERT 8 CATHEDRAL PLACE ST AUGUSTINE FL 32084				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			
TITLE	PD	<input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SMITH, ROBERT		12 NAME				
STREET ADDRESS	8 CATHEDRAL PL		13 STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL		14 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	SMITH, DIANA		22 NAME				
STREET ADDRESS	8 CATHEDRAL PL		23 STREET ADDRESS				
CITY-ST-ZIP	ST. AUGUSTINE FL		24 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			32 NAME				
STREET ADDRESS			33 STREET ADDRESS				
CITY-ST-ZIP			34 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			42 NAME				
STREET ADDRESS			43 STREET ADDRESS				
CITY-ST-ZIP			44 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			52 NAME				
STREET ADDRESS			53 STREET ADDRESS				
CITY-ST-ZIP			54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert K Smith Robert K Smith 6-27-96 904 829 2975  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/96)