FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



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

1996

P95000027173 (0)

BOOKSAVERS, INC.

DOCUMENT #

DOORONTERO, INC.		
Principal Place of Business	Mailing Address	
8251 WEDGEWOOD WAY TAMARAC FL 33321	9251 WEDGEWOOD WAY TAMARAC FL 33321	



Principal Place of Business Mailing Address					L CORRECT LIST CHARL BOSIC BOSIC BOTTL BOTTL BY STATE SOCIAL CLAUSE (15) 1801		
9251 WEDGEWOO TAMARAC FL 333		9251 WEDGEWOO TAMARAC FL 333					
					04/03/1995	e of Last Report	
2. Principal Place c	of Business	2a. Mailing Address			4. FEI Number	Applied For	
26				65-0578 5 39 Not Applicable			
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certificate of Status Desired \$8.75 Additional				
27 27 City & State City & State			Fee Required				
23	- · · · · · · · · · · · · · · · · · · ·		6. Election Campaign Financing Trust Fund Contribution Solution \$5.00 May Be Added to Fees				
Zip	Country	Zip	Countr		8. This corporation has liability for intangible tax under s. 199,032.		
24	25	29	30		Florida Statutes Yes No		
9.	Name and Address of C	urrent Registered Agent			10. Name and Address of New Registered	Agent	
DI MA O DA	ANAD AL		81	Name			
BLUMLO, DA	AVIU M EWOOD WAY		82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
TAMARAC F			83				
I AMININO I	L 30021		63				
			84	City		85 Zip Gode	
11. Pursuant to the	provisions of Sections 607.	.0502 and 607.1508. Florida St	atutes, the above	named como	FL alion submits this statement for the purpose of cha		
		Florida, Such change was autr Section 607,0505, Florida Stat		oration's boar	ation submits this statement for the purpose of chard of directors. I hereby accept the appointment as	registered agent. I am	
SIGNATURE	the property of the standard of the	occurr, cor.coca, rionda otal	utes				
Signati	ure typed or printed have of regeneral		(NOTE: Fingistered Age	at signaturicine jame	d when renstating DATE		
12.		S AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12	
	REINENT	DECETE	1 111716			Change	
	AUID BLUMS		1.2 NAME				
STREET ADDRESS	7251 WERE	mood way		FADDRESS			
C/TY-ST-Z/P -	LAMARAC, FL	DELETE	1.4 Cify - 5	ST-ZIP			
Į Ģ,	A		2 171116		Change Addition		
-	3251 100066	WOOD WAY	2 2 NAME	* *DODGO3			
CITY-ST-ZIP		33321	2.3 STREET 2.4 CITY - 3				
TITLE	EC. TRES.	DELETE	3 1 DELE	51 - 21*		Change Addition	
NAME ~		MRDSON #	3.2 NAME		_] or ends	
	078 CLEN	24 Tuo #25	33 STREE	I ADDRESS			
CITY-ST-ZIP	NO TTAT LIAL	FL. 33324	3.4 City - 5	SI - ZIP			
TITLE		☐ DELETE	4 1 TITLE			Change Addition	
NAME			4 2 NAME			•	
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY-ST-ZIP			44 CH*Y - S	T - ZIP			
THILE		☐ DELETE	5 1 TITLE		30000183149	Change	
NAME			5.2 NAME		3000018314¶ੴ [©] -05/21/9601032036		
STREET ADDRESS			5 3 STREE (***200.00		
CHY-ST-ZP TITLE		DELETE	5.4 CITY - S	T-7/P			
NAME		□ verere	6 1 TITLE			Change Addition	
STREET ADDRESS			6.2 NAME			5-1-96	
CITY-ST-ZIP			63STREFT			ancie l	
	for that the information sure	had with the fling is valuated	64 CITY - S	LP 1	or the exemption stated in Section 119.07(3)(k), Flori		

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 early it 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 artischment with an application.

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/20/96 305 921-2594 Daylor Promp