

FILE NOW: FILING FEE AFTER, MAY 1 IS \$30.00

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED May 07 1997 8:00am Secretary of State

DOCUMENT # 413994

1. Corporation Name The Construction Bookstore, Inc.

Principal Place of Business 1830 NE 2nd Street GAINESVILLE FL 32609

Mailing Address - Same - GAINESVILLE FL

3. Date Incorporated or Qualified 12/4/72 3a. Date of Last Report 59-1434821 4. FEI Number Applied For Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 City & State City & State 24 29 30 Zip Country Zip Country

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent David L. Buster 1830 NE 2nd St. Gainesville FL 32609

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 David L. Buster DATE 4/30/97

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Fatima Rola President 1830 NE 2nd St. Gainesville FL 32609 David L. Buster Vice-President 1830 NE 2nd St. Gainesville FL 32609

14. I hereby certify that the information supplied with this filing does not justify for the exemption stated in Section 199.07(3)(a), Florida Statutes. I further certify that the information provided 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 pain of perjury or under oath, and that the receiver or trustee empowered to receive this report is required by Chapter 107, Florida Statutes, and that my name appears in Block 11 or Block 12 of the Statement of Information filed with this filing.

SIGNATURE: X Fatima Rola 4/30/97 (952) 978-9784