

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

APPROVED AND FILED

**CORPORATION
ANNUAL REPORT
1995**



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

MAY - 1 PM 1:58

DOCUMENT # F93000000383 (0)

1. Corporation Name
ARCTURUS BOOKS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**1443 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE FL 34952** **1443 SE PORT ST. LUCIE BLVD
PORT ST. LUCIE FL 34952**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		01/25/1993	05/01/1994
22		27		4. FEI Number	Applied For
23		28		59-1986853	Not Applicable
24		25		5. Certificate of Status Desired	
29		30		<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		29		6. Election Campaign Financing Trust Fund Contribution	
29		30		<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>	
25		29		7. This corporation has liability for intangible tax under § 199.037 Florida Statutes	
29		30		<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			
GIRARD, ROBERT C 1443 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952				01 Name			
				02 Street Address (P.O. Box Number is Not Acceptable)			
				03			
				04 City			

11. Pursuant to the provisions of Sections 607.0507 and 607.0508, 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 607.0508, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent or Director) _____ (Signature of Officer or Director)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
01 NAME	PT GIRARD, ROBERT C	01 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
02 STREET ADDRESS	1443 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	02 STREET ADDRESS	
03 CITY AND STATE		03 CITY AND STATE	
04 NAME	VS WILLIAMS-GIRARD, MONICA A	04 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
05 STREET ADDRESS	1443 SE PORT ST. LUCIE BLVD. PORT ST. LUCIE FL 34952	05 STREET ADDRESS	
06 CITY AND STATE		06 CITY AND STATE	
07 NAME		07 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
08 STREET ADDRESS		08 STREET ADDRESS	
09 CITY AND STATE		09 CITY AND STATE	
10 NAME		10 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11 STREET ADDRESS		11 STREET ADDRESS	
12 CITY AND STATE		12 CITY AND STATE	
13 NAME		13 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14 STREET ADDRESS		14 STREET ADDRESS	
15 CITY AND STATE		15 CITY AND STATE	
16 NAME		16 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
17 STREET ADDRESS		17 STREET ADDRESS	
18 CITY AND STATE		18 CITY AND STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and is true and equally for the complete as stated in Sections 199.037 and 199.038, Florida Statutes. I further certify that the information indicated on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to carry out the report as required by Chapter 199, Florida Statutes, and that my name appears in Block A, or Block C, if completed as an attachment with an address.

SIGNATURE: *Robert C Girard* **ROBERT C GIRARD** (407) 398-0796