

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90305 005 *1,050.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # F95000003988

1. Corporation Name
BOOKMAKER INC



Principal Place of Business
 200 GREENE ST.
 KEY WEST FL 33040

Mailing Address
 200 GREENE ST.
 KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified

07/24/1995

4. FEI Number

65-0514822

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISHER, MELVIN A
 200 GREENE ST
 KEY WEST FL 33040

81 Name

Kim H. Fisher

82 Street Address (P.O. Box Number is Not Acceptable)

200 Greene St.

83

84 City

Key West

FL

85 Zip Code

33040

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 Kim H. Fisher (president)

(NOTE: Registered Agent signature required when reinstating)

3/25/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	FISHER, MELVIN A	
STREET ADDRESS	200 GREENE ST.	
CITY-ST-ZIP	KEY WEST FL 33040	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Fisher, Kim H.	
1.3 STREET ADDRESS	200 Greene St.	
1.4 CITY-ST-ZIP	Key West, FL 33040	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fisher, Dolores	
2.3 STREET ADDRESS	200 Greene St.	
2.4 CITY-ST-ZIP	Key West, FL 33040	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Abt, Taffi Fisher	
3.3 STREET ADDRESS	200 Greenest.	
3.4 CITY-ST-ZIP	Key West, FL 3304	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	0	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Kim H. Fisher (president) Kim H Fisher 3/25/99 (305)296-6533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)