

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # K79329

(4)

1. Corporation Name

BOOKSTYLES, INC.



Principal Place of Business

Mailing Address

% HOWARD E. GOOGE JR ESO
401 E OSCEOLA ST #102
STUART FL 34994

% HOWARD E. GOOGE JR ESO
401 E OSCEOLA ST #102
STUART FL 34994

3. Date Incorporated or Qualified

04/07/1989

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2942488

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 has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOOGE, HOWARD E. JR ESO
401 E OSCEOLA ST
SUITE 102
STUART FL 34994

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

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, THOMAS J.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

1.1 TITLE

Change Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY- ST- ZIP

1.4 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, LOMA A.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

2.1 TITLE

Change Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY- ST- ZIP

2.4 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, LOMA A.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

3.1 TITLE

Change Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY- ST- ZIP

3.4 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, LOMA A.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

4.1 TITLE

Change Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY- ST- ZIP

4.4 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, LOMA A.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

5.1 TITLE

Change Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY- ST- ZIP

5.4 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, LOMA A.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

6.1 TITLE

Change Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY- ST- ZIP

6.4 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, LOMA A.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

7.1 TITLE

Change Addition

NAME

7.2 NAME

STREET ADDRESS

7.3 STREET ADDRESS

CITY- ST- ZIP

7.4 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, LOMA A.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

8.1 TITLE

Change Addition

NAME

8.2 NAME

STREET ADDRESS

8.3 STREET ADDRESS

CITY- ST- ZIP

8.4 CITY- ST- ZIP

TITLE NAME STREET ADDRESS CITY- ST- ZIP

D
ARFSTEN, LOMA A.
9120 SOUTH U S HWY 1
PORT ST LUCIE FL

DELETE

9.1 TITLE

Change Addition

NAME

9.2 NAME

STREET ADDRESS

9.3 STREET ADDRESS

CITY- ST- ZIP

9.4 CITY- ST- ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 4073353006

Date

Debit Phone #

CR2E034 (12/95)