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Apr 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P93000012096 (2)

1. Corporation Name

B.S.W. AFRICAN-AMERICAN BOOKSTORE, INC.



Principal Place of Business

Mailing Address

CRESTVIEW PLAZA
956 N. COCOA BLVD. SUITE 1107
COCOA FL 32922

CRESTVIEW PLAZA
956 N. COCOA BLVD. SUITE 1107
COCOA FL 32922-7569

3. Date Incorporated or Qualified
02/11/1993

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3162448

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

WILCOX-BYRD, SHARON
956 N. COCOA BLVD.
SUITE 1107
COCOA FL 32922

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME WILCOX-BYRD, SHARON
STREET ADDRESS 879 SPIREA DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME WILCOX, LULA M
STREET ADDRESS 812 SOUTH WILSON AVENUE
CITY-ST-ZIP COCOA FL 32922

☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME SANDERS, JACKIE
STREET ADDRESS 1212 ROLLING MEADOWS DRIVE
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

TITLE D
NAME WOODARD, LAVERNE W
STREET ADDRESS 843 S. VARR AVENUE
CITY-ST-ZIP ROCKLEDGE FL 32955

☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

14. I do 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 unchanged, or on an attachment with an address.

SIGNATURE

Signature of Laverne W. Woodard

4/15/97

407-633-6404

CR2E034 (9/96)