PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P93000016150

1. Corporation N	Name	710130			
THE ROUS	RKE BOOK COMPANY, INC	· •			
	· _	·		<u> </u>	(1914 1914) di 1910 i Bisto Boto colo
Principal Place	of Business	Mailing Address	4FADE		
3407 OĆEAN DR VERO BEACH FL 32963		65 SADDLEBACK LANE/BALLYMEADE E. FALMOUTH MA 02536 US		DO NOT WRITE IN THIS	ÉBACE
				3. Date Incorporated or Qualifed	SPACE
				3. Date Incorporated or Qualified 03/03/1993	
				4. FEI Number	Applied For
2. Principal Pla	ce of Business	2a. Mailing Address		65-0398911	Not Applicable
21		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #	, etc.	27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be Added to Fees
		28		Trust Fund Contribution	
23 Zip	Country	Zip	Country	This corporation owes the current year In Personal Property Tax.	☐Yes ☐No
24	25	29 30	<del></del>	10. Name and Address of New Registered	Agent
	9. Name and Address of Curren	Registered Agent	81 Name	10. (10.1)	
	C POPERT O ESO			ress (P.O. Box Number is Not Acceptable)	
MARI	(s, robert o esq East robinson street		82 Street Add	iress (P.O. Box Number is Not Noospitally	
	E 865		83	<del></del>	
	ANDO FL 32801	•	04 04		85 Zip Code
			84 City	<u></u>	ita amintarad
SIGNATURE	Signature, typed or printed name of registered age		a Statutes.  egistered Agent signature requi	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoint the purpose of the p	
12.	PD OFFICERS AT	☐ DELETE	1.1 TITLE	<del></del>	☐ Change ☐ Addition
TITLE	ROURKE, RAYMOND L.		: 1.2 NAME		
NAME STREET ADDRESS	AS A DOLEDACK LANE/RALLY	MEADE	1.3 STREET ADDRESS		1
CITY-ST-ZIP	E. FALMOUTH MA 02536		1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	2.1 TITLE		
NAME	Ì		2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	_	
CITY-ST-ZIP		T) DELETE	3.1 TITLE		☐ Change ☐ Addition
TITLE			3.2 NAME		
NAME			3.3 STREET ADDRESS		ļ
STREET ADDRESS	i 	-	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		DELETE	4.1 TITLE		
NAME			4. 2 NAME	•	
STREET ADDRES	s		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRES	s		5.4 CITY-ST-ZIP	<u> </u>	
CITY-ST-ZIP		DELETE	6.1 TITLE		Change Addition
TITLE			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRES	s		6.4 CITY-ST-ZIP		es at at the information

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 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 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 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 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 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 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 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 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 indicated on this annual report or supplemental annual report or supplemental

SIGNATURE:

Panaly SISTIPLIBE REQUIRED. ROURA

1/4/99 Date

**FILED** 

Jan 25, 1999 8:00am

**Secretary of State** 

01-25-1999 90012 042 \*\*\*150.00

868 394 705'S Daytime Phone # (2E034 (11/98)