

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000048153 (8)

1. Corporation Name

THE OTHER BOOKSTORE INC.



Principal Place of Business

1535 STANLEY ST.
NEW BRITAIN CT 06053

Mailing Address

1605 US HWY 1 SOUTH
STE S-8G
JUPITER FL 33477
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

06/28/1994

3a. Date of Last Report

06/07/1995

4. FET Number

58-2121129

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

JOHNSON, HERBERT L
1605 U.S. HWY. ONE SOUTH
UNIT S8G
JUPITER FL 33477

10. Name and Address of New Registered Agent

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 607.1504, 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 of the person or persons authorized to sign this statement

Signature of the person or persons authorized to sign this statement

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME JOHNSON, HERBERT L
STREET ADDRESS 1605 U.S. HWY. ONE SOUTH, UNIT S8G
CITY-ST-ZIP JUPITER FL 33477

TITLE D
NAME SZOKA, TODD
STREET ADDRESS 1535 STANLEY ST.
CITY-ST-ZIP NEW BRITAIN CT 06053

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2. TITLE Change Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3. TITLE Change Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4. TITLE Change Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5. TITLE Change Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6. TITLE Change Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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.

SIGNATURE:

Herb Johnson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

4/11/96 407 747 6836

CR2E034 (12/95)