Applied For Not Applicable

03-24-1999 90077 010 \*\*\*150.00

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

PROFIT -CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000048153 1. Corporation Name

THE OTHER BOOKSTORE INC.

iunit S8G JUPITER FL 33477

	,,,,					
Principal Place of Business , Mailing Address			I ISONIADI IIO IONI ANDI ODIN EDIN ODIN ODIN ESDI	-   1801/001 170 18314 8384 80114 88141 0011 00414 8384 18101 11001 81100 4113 10		
1535 STANLEY ST. NEW BRITAIN CT 06053	208 US HWY 1 1 TEQUESTA FL 33469		DO NOT WRITE IN THIS SI	PACE		
	US		3. Date Incorporated or Qualifed			
j			06/28/1994			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		58-2121129	Not Applicat		
Suite! Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State	<del></del>	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May:Be Added to Fees		
Zip Cour		Country	This corporation owes the current year Intan     Personal Property Tax.	gible ∃Yes ⊟No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Ag	jent		
JOHNSON, HERBERT L 1605 U.S. HWY. ONE S		82 Stre	et Address (P.O. Box Number is Not Acceptable)	2		

Zip Code 3 3 4 6 9 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

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agent. I am familiar with, and accept the obtaining of, Scotion 607.0505, Florida Statutes.									
SIGNATURE Signature, typed or printed name of legistered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE  DATE									
12.	OFFICERS AND DIRECTOR:		13.	ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR	RS IN 12			
TITLE	D	DELETE	1.1 TITLE		☐ Change	Addition			
NAME I	JOHNSON, HERBERT L		1.2 NAME						
STREET ADDRESS	1605 U.S. HWY. ONE SOUTH, UNIT S8G	Y	1.3 STREET ADDRESS						
CITY-ST-ZIP	JUPITER FL 33477		1.4 CITY-ST-ZIP						
TITLE ;	D :	☐ DELETE	2.1 TITLE	a Ak or	☐ Change	Addition			
NAME !	SZOKA, TODD		2.2 NAME	ON# 348					
STREET ADDRESS	1535 STANLEY ST.		2.3 STREET ADDRESS	YN 34		}			
CITY-ST-ZIP	NEW BRITAIN CT 06053		2. 4 CITY-ST-ZIP	0 80					
TITLE		DELETE	3.1 TITLE** * *******	· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition			
NAME			3.2 NAME			Ì			
STREET ADDRESS		•	3.3 STREET ADDRESS						
CITY-ST-ZIP			3.4. CITY-ST-ZIP						
TITLE	· · ·	☐ 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		☐ 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		☐ DELETÉ	6.1 TITLE		☐ Change	Addition			
NAME ;			6.2 NAME						

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 afactment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS