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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000054270 (1)

DON BOOKMYER, INC.

**FILED** Apr 14 1997 8:00am Secretary of State



Principal Flaci 803 NORTH HAL ORMOND BEAC	LIFAX DRIVE	803 NORTH H	Mailing Address 803 NORTH HALIFAX DRIVE ORMOND BEACH FL 32176-4109						
						3. Date incorporated or Qualified 07/18/1994		e of Last 9/1996	
• Pzinc.nal Pi	lace of Business	2a, Mailing A	Adress			4. FEI Number	1 04/0		Applied For
21	iano di Dag inasi	26	1001000			59-3266535		<del></del>	Not Applicable
Suite Apt	# etc.	Suite, Ap	t. #, etc.				$\Box$		Additional
22		27				5. Certificate of Status Desired	L		Required
City & State	0	City & St.	ate			6. Election Campaign Financing	,		May Be
23	Country	28 Zip		Count		Trust Fund Contribution			d to Fees
Ζφ 24	25	29		30	у	8. This corporation has liability for in Florida Statutes	ntangible Yes		s. 199.032,
	9. Name and Address of Curre		ent	1901		10. Name and Address of New Re			
B00	KMYER, DON			В	Name	4417100			
	NORTH HALIFAX DRIVE			8	2 Street Add	dress (P.Q. Box Number is Not Acceptab	ile)		
ORM	OND BEACH FL 32176			L					
				8	3				
				В	4 City		F*1	BS Zi	p Code
a. D	La de la companiona de	(00 and CO2 1500 F	Towlds Chatul	too the she	us romed so	poration submits this statement for the p	FL	hansing	ita saalatasad
agent La SIGNATURI	m lamiliar with, and accept the obl	igations of, Section (	607.Ŏ5 <b>0</b> 5, FI	lorida Statut	es.	ation's board of directors, it hereby accept ared when reinstating)  ADDITIONS/CHANGES TO OFFIC	DATE		
Tel.F	PD		DELETE	1.1 TITLE				Change	
NAME	BOOKMYER, DON			1.2 NAMI	: [				1
STREET ADDRESS	803 NORTH HALIFAX DRIVE			1.3 STRE	ET ADDRESS				
C:Tr+ST+7IP	ORMOND BEACH FL 32176		<b>-</b>	1.4 CITY				<b></b>	
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NAME DESCRIPTIONS				4, 2 NAM					
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1001			DELETE	51 TITLE				Change	e Addition
HAAN!		_		5.2 NAM	Į.			·	}
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TILE			DELETE	6.1 TITLE				Change	e 🔲 Addition
NAM!				6.2 NAM	J				
STREET ADDRESS					ET ADDRESS				1
6 TY+S1 ZIP 14. 1 do hereb	by certify that the information suppl	ied with this filing do	oes not qual	6.4 CITY lify for the ex		ed in Section 119.07(3)(i), Florida Statute	s. I further	certify th	at the
informatio Lami an o	on indicated on this annual report o	r supplemental annu or the receiver or tro	ual report is t ustee empov	true and ac wered to exc	curate and that ecute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida S	l effect as tatutes; ar	if made i id that m	under oath; that y name
SIGNAT	URE: NIGNATURE AND TYPED	OR PRINTED NAME OF SI	WING STERCE	R OR DIRECTO	1	4/7/97 (904	144	ylime Phone	1242