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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998
DOCUMENT #

P95000017516 (2)

BOOK KING, INC.

FILED Apr 01 1998 8:00am Secretary of State

Mailing Address Principal Place of Business 3725 49TH STREET N. 2480 E BAY DR. STE 17 ST. PETERSBURG FL 33710 LARGO FL### オ多フマノ DO NOT WRITE IN THIS SPACE Date Incorporated or Qualified 03/02/1995 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3305037 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 30 Personal Property Tax due June 30. 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent <u>B</u>1 Name IAMPIERI, VINCENT 2480 EAST BAY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 17 83 CLEARWATER FL 34641 84 City Zip Code 85 FI 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, typod or proted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Change Addition DELETE TALLE 1.1 TITLE IAMPIERI, VINCENT 1.2 NAME 2536 Cagles Crussing)n Clearwater, FL 3376 2536 EAGLE CROSSING STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 34622** 1.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change DELETE 2.1 TITLE Addition TITLE 2.2 NAME NAME STREET ADDRESS 23 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-SI-ZIP DELETE TITLE 4.1 TITLE Change ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ___ Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY-ST-ZIP CITY - ST - ZIP

14. Thereby 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 altachment with an address.

SIGNATURE. AL PRINCIPAL LA PRINCIPAL DE LA PRINCIPA DE LA PRINCIPA DE LA PRINC