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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

Principal	Place	Οſ	Busines

	1996	DIVISION OF CO	ORPORATIONS		
DOCUN 1. Corporation	name	00036594 (6)			
AWAKE	NINGS BOOK AND GIFT	STORE, INC.		1 (\$\$) \$\$)   (#   #   #   #   #   #   #   #   #	E AANN AANA AANA ANNA ANNA AANA AANA
Principal Place	of Rusiness	Mailing Address			
•					
3877 ROAN C LAKE PARK F	= =	3877 ROAN COURT Lake Park FL 33403			
		<u> </u>		3. Date Incorporated or Qualified 05/05/1995	3a. Date of Last Report
2. Principal Pla		2a. Mailing Address	H. sail	4. FEI Number 65-0575	Applied For
Suite, Apt. #	1 US Hwy 1	26 13.189 US Suite, Apt. #, etc.	2 HOOA 1	62-0010	Not Applicable  \$8.75 Additional
22	<u> </u>	27		5. Certificate of Status Desired	Fee Required
City & State	Pan Beach, F.	L 28 No. Parm	Beach, FL	Election Campaign Financing     Trust Fund Contribution	□ \$5.00 May Be Added to Fees
<sup>図 Zip</sup> 33い	108 25 Country USA	29 Zip 33408 3		8. This corporation has liability for Florida Statutes	
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	Registered Agent
			81 Name		
WALTER,			82 Street Addre	ss (P.O. Box Number is Not Acceptat	ole)
	AN COURT RK FL 33403		83		
CANE LA	INN 1 L 00400		04 00		Table 1
			84 City		FL 85 Zip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Fic n, and accept the obligations of, Se	rida. Such change was authorized ction 607.0505, Florida Statutes.	by the corporation's board	d of directors. I hereby accept the app	
12.	Signature, typed or printed name of registered age OFFICERS A	nt and the if applicable (NOTE: I	Registered Agent signature required 13.		DATE ICERS AND DIRECTORS IN 12
TILLE	PVSD	DELETE	1 1 TITLE		☐ Change ☐ Addition
NAME	WALTER, KAREN		1.2 NAME		
STREET ADDRESS	3877 ROAN COURT		1.3 STHEET ADDRESS		
CITY - ST - ZIP	LAKE PARK FL 33403	PA No. Fee	14 CHY-ST-ZIP		
TITLE	T WALTED MADEN	☐ DEFELE	2 1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS	WALTER, KAREN 3877 ROAN COURT		22 NAME 23 STHEET ADDRESS		
CITY-ST-ZIF	LAKE PARK FL 33403		2 4 CITY - ST - ZIP		
TITLE		☐ DELETE	3 1 TITLE		· Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3 3 STREET ADDRESS		
CITY-ST-ZIP		ם מיניניני	3 4 CITY-ST-ZIP		El Ohana El Addition
TOLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME STREET ADDRESS			4.2 NAME 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	····	PH as an	5.4 CITY - ST - ZIP		
TITLE		☐ DELETE	6. 1 TIFLE		☐ Change ☐ Addition
NAME CTOLET ADDDESCS			6 2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STREET ADDRESS 6.4 City-S1-Zip		
14. I do hereby	certify that the information supplied	d with this filing is voluntarily furnish	ed and does not qualify fo	r the exemption stated in Section 119	.07(3)(k), Florida Statutes. I further
				e and that my signature shall have the report as required by Chapter 607, F	

appears in Block 12 or Block 13 if changed, or

SIGNATURE: SIGNATURE

KAREN WALTER 4/16/96 (407)691-070/

CR2E034 (12/95)