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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000036691 (9)

TOME, NOVEL & BOOKSMITH, INC.

FILED Apr 25 1997 8:00am Secretary of State



3219 GRANADA							
SARASOTA FL 3	PLACE APT. #193 34231	3219 GRANADA PLACE AP SARASOTA FL 34231-8354	T. #133				
					3. Date Incorporated or Qualified 3 04/24/1996	3a. Date of Last Report	
2. Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26			65-0667401	Not Applica	
Sulte, Apt. i	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22		27			5. Certificate of Status Desired	Fee Required	
City & State	8	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Cauntry 25	Zip 29	Country 30	<i>'</i>		′es 🔛 No	
	g, Name and Address of Curre	ent Registered Agent		γ	10. Name and Address of New Regis	tered Agent	
KERF	PCHAR-RITI, JO-ANN M		81	Name		•	
3219 GRANADA PLACE APT. #133 SARASOTA FL 34231			82		ldress (P.O. Box Number is Not Acceptable)		
1			83				
			84	City		FL 85 Zip Code	
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	te of Florida. Such change was a	authorized b	y the corpo	corporation submits this statement for the purporation's board of directors. I hereby accept the	pose of changing its register he appointment as registere	
SIGNATURE							
	Signature, typed or printed name of registered a			ent signature n		DATE	
12.		ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICER		
l TITLE	D						
	•	_ beter	1.1 THILE		D/P	[€¶ Change	
NAME	KERPCHAR, JO-ANN M		1.2 NAME	,	JC-ANN M. KERPCHAR - RITI	(F) Change 1 Aod	
NAME Street address	KERPCHAR, JO-ANN M 3219 GRANADA PLACE APT.		1.2 NAME 1.3 STREE	T ADDRESS		(i) Change [] Add	
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I do hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3)(j). 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 proportion 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 12 of chapter 607 at a laboratory with an address.

MATURE TIMO!

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