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 # P9700054002

BOOK BINDERS OF FLORIDA, INC.

}			
Principal Place of Business		Mailing Address	
1931 LIMBUS SARASOTA FI US		1931 LIMBUS DR SARASOTA FL 34243 US	

FILED Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90155 035 ***150.00



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Principal Place	of Business	Mailing Address				(IOTES IOBSY DQSS OBS		#1411 BIBIT BBIT	ABLAN HAN HAN
		· ·			1					
1931 LIMBUS DR SARASOTA FL 34243		SARASOTA FL 34243	1931 LIMBUS DR SARASOTA FL 34243							
US	0.2.10	US				DO NOT WRITE IN THIS SPACE				
						3. Date Incorporate	ed or Qualifed			
	_					06/10/1997				
2. Principal Pl	ace of Business	2a. Mailing Address			1	4. FEI Number				oplied For
21		26	26			<u>65-0764048</u>				ot Applicable
Suite, Apt. #, etc		Suite, Apt, #, etc	Suite, Apt, #, etc			5. Certifcate of Sta	tus Desired		•	Additional
22		27	27							equired
City & State		City & State	City & State		Ì	Election Campai	-		•	May Be
23		28				Trust Fund Cont				to Fees
Zip Country		— — — — —	Zip Country			8. This corporation		nt year Inta	angible √Yes	
24	25	29 30	0			Personal Proper				□No
	9. Name and Address of Curre	nt Registered Agent				0. Name and Add	ress of New Re	agistered /	Agent	
חבחו	DOM: ANDDE		81	Name						}
	RON, ANDRE		82	Street	Address	(P.O. Box Number	is Not Acceptab	ole)		
1	MANATEE AVE., W.									
BRAI	DENTON FL 34205		83	1						1
			84	City					85 Zip	Code
				1 ′				<u> FL</u>		
11. Pursuant	to the provisions of Sections 607.05 egistered agent, or both, in the State	02 and 607 1508, Florida Statutes	, the abov	e-named	d corporat	tion submits this sta	tement for the p	ourpose of a	changing its	registered eastered
office or re agent. Lai	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section 607.0505, Florid	la Statutes	ine corp	Joranons	board of directors.	Thereby doops	то арроп		giornia
SIGNATURE	_									
3 SIGNATORE	Signature, typed of printed name of registered ag	ent and title if applicable (NOTE Re	ryistered Ager	it signature	required whe	en reinstating)		DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHA	NGES TO OFF	ICERS AN	Change	
TITLE	P	☐ DELETE	11 TITLE						[K Change	Addition
NAME	Berube, David R.		12 NAME		1		بعجابيين			-
STREET ADDRESS	ESS 2014 RIVERSIDE DR E		13 STREET ADDRESS 2		290	904 LITTLE COUNTRY RO. ARRISH, FL 34219				1
CITY-ST-ZIP	BRADENTON FL 34208		14 CITY-S	T-ZIP	PAR	RISH, FL	34219	-		
TITLE	VP □ DELETE 211		21 TITLE						Change	Addition
NAME	BERUBE, CYNTHIA E.		2.2 NAME				رسول د و ۲	11 00		
STREET ADDRESS	2014 RIVERSIDE DR E		2 3 STREE	T ADDRESS	ীস্থত	4 LITTLE	COUNTR	cy no		
CITY-ST-ZIP	BRADENTON FL 34208		2 4 CITY-5	ST-ZiP	MARI	RISH, FL	34219			
TITLE		☐ DELETE	3 1 TITLE						☐ Change	Addition
NAME			3.2 NAME		1					
STREET ADDRESS			3 3 STREE	T ADORESS	3					
CITY-ST-ZIP			3.4 CITY-5	ST-ZIP	J					
TITLE		☐ DELETE	4.1 TITLE						Change	Addition
NAME			4 2 NAME		1					l
STREET ADDRESS			4 3 STREE	T ADDRESS	S					
CITY-ST-ZIP			44 CITY-S	1-ZIP	<u> </u>					
TITLE		☐ DELETE	5 1 TITLE						☐ Change	☐ Addition
NAME			52 NAME							
STREET ADDRESS			53STREE	T ADDRESS	5					
CITY-ST-ZIP			54 CITY-S	T-ZIP	1					
TITLE		☐ DELETE	61 TITLE						☐ Change	Addition
NAME			62 NAME							
STREET ADDRESS			63STREE	T ADDRESS	ŝ					ŀ
3.1,62.1,657.650			S A CITY O	מול ד	}					[

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 attachment with an address, with all other like empowered.