## 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 # P98000011142

1. Corporation Name

Aug 10, 1999 8:00 am Secretary of State 08-10-1999 90018 038 \*\*\*550.00

MACINTOSH BOOKS, INC.							
Principal Place of Business Mailing Address							
2365 PERIWINKLE WAY 2365 PERIWINKLE WAY							
SANIBEL FL 33957	SANIBEL FL 33957	ANIBEL FL 33957		DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualifed 02/02/1998			
2. Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21 26				59-22 <u>5866Z</u>	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	\$8.75 Additional Fee Required		
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip         Country           24         25	Zip Cc	untry		This corporation owes the current year In Personal Property Tax.	tangible ☑Yes ☑No		
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
MUDTY THOTAY I SCO		81	Name		;		
Murty, Timothy J esq. 1633 Periwinkle way		82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
SUITE A SANIBEL FL 33957		83					
,		84	City	Fl	85 Zip Code		

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 in hereby accept the appointment as registered

agentIrai	m familiar with,"and accept the obligations of, Section 607.0505, Florid	da Statutes.			
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature required v	when reinstating)	DATE	\
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	FICERS AND DIRECTOR	RS IN 12
TITLE	DELETE	1.1 TITLE	-	☐ Change	Addition
NAME	DOWLING, THOMAS P	1.2 NAME			)
STREET ADDRESS	129 BALDWIN AVENUE	1.3 STREET ADDRESS			
CITY-ST-ZIP	POINT LOOKOUT NY 11569	1.4 CITY-ST-ZIP			
TITLE	D DELETE	2.1 TITLE		☐ Change	Addition
NAME	DOWLING, ROSEMARY A	2.2 NAME			
STREET ADDRESS	129 BALDWIN AVENUE	2.3 STREET ADDRESS	•		
CITY-ST-ZIP	POINT LOOKOUT NY 11569	2. 4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			İ
STREET ADDRESS		3.3 STREET ADDRESS			
CiTY-ST-ZIP		3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition
NAME		4. 2 NAME			Ì
STREET ADDRESS		4.3 STREET ADDRESS		<u></u>	
CITY-ST-ZIP		4.4 C/TY-ST-Z/P			
TITLE	☐ DELETE	5.1 TITLE		Change	Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY+ST-ZIP			
TITLE .	DELETE	6.1 TITLE		Change	Addition
NAME		6.2 NAME			
STREET ADDRESS	***	6.3 STREET ADDRESS			
CID/ OT 7ID		6.4 CITY-ST-ZIP	· ·		

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.

**SIGNATURE:** 

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