محزملته تغنق

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000075991

BOOKSTORE, AT YOUR REACHLIBRERIA A SU ALCANCE, INC. Mailing Address Principal Place of Business 4221 SW 52 COURT APT W 4221 SW 52 COURT APT W FT LAUDERDALE FL 33314 FT LAUDERDALE FL 33314 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 08/28/1998 Applied For 4. FEI Number 2a. Mailing Address 2. Principal Place of Business Not Applicable 28 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, elc. 5. Certificate of Status Desired Fee Required 27 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 Country 8. This corporation owes the current year Intangible Zio □No Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name LARACUENTE, NANCY Street Address (P.O. Box Number is Not Acceptable) 4221 SW 52 COURT APT W FT LAUDERDALE FL 33314 83 85 Zip Code RA. City 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, typed or printed name of registered agent and title it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change ☐ Addition DELETE 1.1 TITLE PRESIDENT TITLE NAMCY LARACUENTE 4221 SW 52ND CT 4A CR2E034 12 NAME NAME APT W 1.3 STREET ADDRESS STREET ADDRES <u> 33314</u> ET LANDERDALE A CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change DELETE 21 TITLE TIME 2.2 NAME MALE 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZX Addition ☐ Change ☐ DELETE 3.1 MTLE TIME 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIF CHIY-ST-ZP Change ☐ Addition DELETE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CRTY-ST-ZIP CITY-ST-ZIP Addition ☐ Change OELETE 5.1 TITLE TITLE 5 2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change S.S TITLE DELETE TITLE 8.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 suppliemental 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 officiar or director of the corporation or the receiver or bustee 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 of an attachment with an address, with all other like ampowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED

Jun 08, 1999 8:00 am

Secretary of State

06-08-1999 90015 028 ***550.00