## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V08322

(2)

THE BOOK STALL, INC.

Principal Place of Business	

608 OAKFIELD DR

Mailing Address

606 OAKFIELD DR BRANDON FL 33511-57

## FILED Feb 14 1997 8:00am Secretary of State



BRANDON FL	SI311	DUNNOON LE 20011-0119		1	
				3. Date Incorporated or Qualified 01/21/1992	3a. Date of Last Report 05/01/1996
2. Principal Pi	ace of Business 4 Oakfield Dr.	26. Marling Address Cake	field Dr.	4. FEI Number 59-3110533	Applied For Not Applicable
Suite Apt.	h, etc n don	Suite, Apt. #, etc.	•	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Stale		City & State	` .	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 3.35	Country  11 25 Hillsborrugh	Zip 335/1 30	Country Hillsborned	8. This corporation has liability for i	intangible tax under s. 199.032, ☑ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New Re	gistered Agent
CLA	IRE JONES		81 Name	:	
	OAKFIELD DR.	•	82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)
BRA	NDON FL 33511			``	
			83		
			84 City		FL 85 Zip Code
11. Pursuant I	o the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named corr	poration submits this statement for the p	purpose of changing its registered
office or re	egistered agent, or both, in the State of	of Florida, Such change was aut	horized by the corporal	poration submits this statement for the p tion's board of directors. I hereby accep	of the appointment as registered
		JAND -	ua otatutos.		2-10-97
SIGNATURE	Signature, typed or printed name of registered agent	And title if applicable (NOTE: R	Registered Agent signature requi-	ired when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE D	rector, -	Change Addition
NAME	JONES, CLAIRE		1.2 NAME	lenneth M. Jora	<b>5</b>
STREET ADORESS	1013 HOLLYBERRY CT		1.3 STREET ADDRESS / C	013 Hollyberry CT.	
CITY-ST-ZIP	BRANDON FL		1.4 CITY-ST-ZIP	013 Hollyberry Ct. Brandon fz 3357/	
TITLE	D	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	Gergulis, John		2.2 NAME		
STREET ADDRESS	817 CHILDERS LOOP		2.3 STREET ADDRESS		
CITY-ST-ZIP	BRANDON FL		2. 4 CITY-S1-ZIP		
TITLE		☐ DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS		'	3.3 STREET ADORESS		
CITY - ST - ZIP		Ponett	3.4. CITY-ST-ZIP		C Channe C 4220-
FITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST - ZIP		☐ DELETE	4.4 CITY-ST-ZIP	<u> </u>	Change Addition
TITLE		☐ DETE IC	5 1 TITLE		m manka m wounten
NAME			5 2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	, PT 1-14-14h	DELETE	54 CITY-ST-ZIP		Change Addition
TITLE			61 TITLE		The Mantini
NAME			6.2 NAME		
STREET ADDRESS			6 3 STREET ADDRESS		
CITY-S1-ZiP			6.4 CITY-ST-ZIP		

I. I do 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-10-97

(813)685-8402