FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 13 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V38149** **(3)**

1. Corporate Name
BOOKWORM BOOKTIQUE, INC.

Principal Place of Business
13039 PARK BLVD.
SEMINOLE FL 34646
US

Mailing Address
13039 PARK BLVD.
SEMINOLE FL 34646
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/21/1992
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21
2a. Mailing Address
26

4. FEI Number: 59-3121173
Applied For
Not Applicable

City, State, Zip Code
22
City, State, Zip Code
27

5. Certificate of Status Desired [ ] **$8.75** Additional Fee Required

City, State
23
City, State
28

6. Florida Campaign Financing Trust Fund Contribution [ ] **$5.00** May Be Added to Fees

24 25 29 30

8. Does the corporation have taxable income as defined by section 11.558, Florida Statutes? [X] Yes [ ] No

9. Name and Address of Current Registered Agent

LAMANCUSO, PATRICIA
11430 76TH AVE NORTH
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of section 607.0505, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The change was authorized by the corporation's Board of Directors. I hereby accept the appointment as registered agent. I am familiar with and hereby accept the obligations of section 607.0505, Florida Statutes.

SIGNATURE: Patricia A. Lamancuso (PATRICIA LAMANCUSO) 5-15-95
Signature of Registered Agent

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	LAMANCUSO, PATRICIA
STREET ADDRESS	11430 76TH AVE N.
CITY, ST, ZIP	SEMINOLE FL
TITLE	VPSD
NAME	HARTLEY, NANCY
STREET ADDRESS	10892 99TH PLACE N.
CITY, ST, ZIP	SEMINOLE FL

13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS

[ ] Change [ ] Addition

14. I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a director or officer of the corporation named herein; I am aware that false information submitted to a state agency or officer is punishable by fine or imprisonment or both as provided in section 817.155, Florida Statutes.

SIGNATURE: Patricia A. Lamancuso (PATRICIA LAMANCUSO) 5/15/95 813-393-2582
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
President

0371833 CP