

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V62736** (6)

1. Corporation Name

FIFE & WESTBROOK BOOKSELLERS, INC.



Principal Place of Business

Mailing Address

158 S PROSPECT DRIVE
~~2939 NE 191ST CT.~~
CORAL GABLES FL 33133
US

~~DELETE LINE~~ **P O BOX 113440**
~~2000 NE 191ST CT.~~ ~~DELETE LINE~~
MIAMI FL 33111
US

3. Date Incorporated or Qualified
09/08/1992

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0372956

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PHILLIPS, GARY S.
19495 BISCAYNE BLVD.
1 TURNBERRY PLACE, SUITE 606
NORTH MIAMI BEACH FL 33180

81 Name

PHILLIPS, GARY S.

82 Street Address (P.O. Box Number is Not Acceptable)

4000 HOLLYWOOD BOULEVARD

83

SUITE 265 SOUTH

84 City

HOLLYWOOD

FL

85 Zip Code
33021

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **FIFE, RICHARD B.**
STREET ADDRESS **3750 SW 136 AVENUE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **P** ☐ DELETE
NAME **FIFE, RICHARD**
STREET ADDRESS **3750 SW 136 AVENUE**
CITY-ST-ZIP **MIRAMAR FL**

TITLE **S** ☐ DELETE
NAME **WETSBROOK, HUGH A.**
STREET ADDRESS **158 S PROSPECT DRIVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE **T** ☐ DELETE
NAME **WESTBROOK, HUGH A.**
STREET ADDRESS **158 S PROSPECT DRIVE**
CITY-ST-ZIP **CORAL GABLES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

4/24/96

Date

305-350-5921

Daytime Phone #

CR2E034 (12/95)