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May 01, 1999 8:00 am  
Secretary of State

05-01-1999 90028 041 \*\*\*150.00

U144120

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # J13123

1. Corporation Name  
VOLUME ONE BOOKS, INC.

Principal Place of Business

8910 TAFT ST  
PEMBROKE PINES FL 33024  
US

Mailing Address

8910 TAFT ST  
PEMBROKE PINES FL 33024  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/01/1986

4. FEI Number

59-2696693

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 owes the current year Intangible  
Personal Property Tax.  Yes  No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

GASS, DANIEL G  
10001 NW 50TH STREET  
204  
SUNRISE FL 33351

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 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  DELETE

TITLE S  
NAME LUIPPOLD, KENNETH  
STREET ADDRESS 8910 TAFT STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE P  
NAME LUIPPOLD, SHARON  
STREET ADDRESS 8910 TAFT STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33024

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  DELETE

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 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: *Sharon Luippold*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-99 954-432-5188  
Date Daytime Phone #

CR2E034 (1/98)