

FILE NOW: FILING FEE IS \$61.25

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Mar 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N14615 (1)
1. Corporation Name
BOOK OF BOOKS FOUNDATION INC.



Principal Place of Business 5233 ROSEN BLVD BOYNTON BEACH FL 33437 US	Mailing Address 5233 ROSEN BLVD BOYNTON BEACH FL 33437-1277 US
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3. Date Incorporated or Qualified 04/28/1986	3a. Date of Last Report 04/17/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 59-2695140	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CARLSON, FRED SR.
5233 ROSEN BLVD.
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent

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

FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLSON, FRED, SR.		1.2 NAME	
STREET ADDRESS 5233 ROSEN BLVD.		1.3 STREET ADDRESS	
CITY-ST-ZIP BOYNTON BEACH FL		1.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	2.1 TITLE D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CARLSON, FRED, JR.		2.2 NAME	
STREET ADDRESS 148 BROOK DR		2.3 STREET ADDRESS 10634 RAINBOW DRIVE	
CITY-ST-ZIP IDAHO SPRINGS CO 80452		2.4 CITY-ST-ZIP MERRILL, WISC. 54452	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE D/S/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME STEWART, KENNETH		3.2 NAME FELTON, BRENT	
STREET ADDRESS 2925 MCKAY AVE		3.3 STREET ADDRESS 5610 HEVERLY DR, W.	
CITY-ST-ZIP WINDSOR, ONT.		3.4 CITY-ST-ZIP PORTAGE, MI 49024	
TITLE DT	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VAN RYN, TODD		4.2 NAME	
STREET ADDRESS 741 THACKERAY TRAIL		4.3 STREET ADDRESS 4 TIMBER SPRINGS RD.	
CITY-ST-ZIP OCONOMOWOC WI 53066		4.4 CITY-ST-ZIP NEW FAIRFIELD, CONN 06812	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Fred Carlson Sr. 3/26/97 561-735-0017
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **FRED CARLSON DIRECTOR** Daytime Phone # 0042493

CR2E037 (9/96)