

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

FILED

Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000088495 (2)

1. Corporation Name
TOO-TA-LOU BOOK DISTRIBUTORS, INC.



Principal Place of Business Mailing Address
~~4839 SW 148TH AVE~~ ~~4839 SW 148TH AVE~~
~~SUITE 242~~ ~~SUITE 242~~
~~DAVE FL 33300~~ ~~DAVE FL 33300-2188~~

3. Date Incorporated or Qualified 10/28/1996 3a. Date of Last Report

2. Principal Place of Business 21 18400 S.W. 256 St. 2a. Mailing Address 2a 18400 S.W. 256 Street

4. FEI Number 65-0707512 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 23 Homestead, FL 28 City & State 28 Homestead, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33031 25 Country USA 29 Zip 33031 30 Country USA

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

--- MEROLA, MARY LOU
 --- 4839 SW 148TH AVE
 --- SUITE 242 -
 --- DAVE FL 33300

81 Name Corporation Company of Miami
 82 Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Boulevard
 83 1600 Miami Center
 84 City Miami FL 85 Zip Code 33131

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. Corporation Company of Miami

SIGNATURE: *Jill B. Zannas* By: *Jill B. Zannas, Secretary* DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> D <input type="checkbox"/> DELETE
NAME	MEROLA, MARY LOU ---
STREET ADDRESS	18400 DIAMOND PLACE
CITY-ST-ZIP	WESTON FL 33351-3700
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	P/D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Brooks, N.P.
1.3 STREET ADDRESS	18400 S.W. 256 Street
1.4 CITY-ST-ZIP	Homestead, FL 33031
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	S Wheeling, Craig
2.3 STREET ADDRESS	18400 S.W. 256 Street
2.4 CITY-ST-ZIP	Homestead, FL 33031
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: *Craig Wheeling* 4/8/97 (305) 247-3544
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)