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PROFIT CORPORATION ANNUAL REPORT

1998



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000054353 (2)

FILED May 07 1998 8:00am Secretary of State

THE BOOK BUYER, INC. Principal Place of Business Mailing Address 11608 TIMBERS WAY 11608 TIMBERS WAY **BOCA RATON FL 33428 BOCA RATON FL 33428** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/19/1997 2a. Mailing Address 2. Principal Place of Business Applied For 65-0764892 21 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State 6. Election Campaign Financing \$5,00 May Be Trust Fund Contribution Added to Fees 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible □ No 24 29 Personal Property Tax due June 30. 25 30 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 81 Name RENNICK, HUME M 11608 TIMBERS WAY 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33428** 83 84 City 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. Storature, typed or printed name of rigistered agent and their applicable (NOTE Registered Agent's gnature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change TITLE 1.1 TITLE RENNICK, HUME M 1.2 NAME 11608 TIMBERS WAY STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL 33428** 1.4 CITY-ST-7IP CITY-ST-ZIP DFLETE 2.1 TITLE Change Addition TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change TITLE 4.1 TITLE ☐ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(TY - \$1 - ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change Addition 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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.