FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED

95 MAY -1 PM 2:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **287192** **(9)**

1. Corporate Name
EAST GATE LAND, INC.

Principal Place of Business	Mailing Address
4585 MERIDAN AVENUE MIAMI BEACH FL 33140	4585 MERIDAN AVENUE MIAMI BEACH FL 33140

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
11/19/1964	07/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 13-2582876 ☐ 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
ABELOW, JOSEPH 4585 MERIDAN AVE MIAMI BEACH FL 33140	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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 Title	VAST	1 Title	VAST ☒ Change ☐ Addition
1 Name	ABELOW, DAVID S.	1 Name	ABELOW, DAVID S.
1 Street Address	4585 MERIDIAN AVE.	1 Street Address	11230 REVEILLE RD
1 City-St-Zip	MIAMI BCH. FL	1 City-St-Zip	COOPER CITY FL 33026
2 Title	VAST	2 Title	☐ Change ☐ Addition
2 Name	ABELOW, JUDITH I.	2 Name	
2 Street Address	408 UPLAND ROAD	2 Street Address	
2 City-St-Zip	BALTIMORE MD	2 City-St-Zip	
3 Title		3 Title	1ST V ☐ Change ☒ Addition
3 Name		3 Name	ABELOW, DANIEL H.
3 Street Address		3 Street Address	71 W. PINE ST.
3 City-St-Zip		3 City-St-Zip	NEWTON MA 02166
4 Title		4 Title	PD ☐ Change ☒ Addition
4 Name		4 Name	ABELOW, JOSEPH
4 Street Address		4 Street Address	4585 MERIDIAN AV
4 City-St-Zip		4 City-St-Zip	MIAMI BEACH FL 33140
5 Title		5 Title	1ST VP/TD ☐ Change ☒ Addition
5 Name		5 Name	ABELOW, RUTH M.
5 Street Address		5 Street Address	4585 MERIDIAN AV
5 City-St-Zip		5 City-St-Zip	MIAMI BEACH FL 33140
6 Title		6 Title	☐ Change ☐ Addition
6 Name		6 Name	
6 Street Address		6 Street Address	
6 City-St-Zip		6 City-St-Zip	

14. I declare I certify that the information supplied with this filing is voluntarily furnished and 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 above or on an attachment with an address.

SIGNATURE: Joseph Abelow JOSEPH ABELOW 4/28/95 305-672-3585
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0148477 CP

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Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

5.195 B63880

APPROVED AND FILED

DOCUMENT # 291125 (3)

1. Corporation Name

THE BOOKSHELF, INC.

Principal Place of Business: 2424 A N. FEDERAL HWY. LIGHTHOUSE PT. FL 33064

Mailing Address: 2424 A N. FEDERAL HWY. LIGHTHOUSE PT. FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1965

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-1090607 — Applied For / Not Applicable

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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

LANGENFELD,AUGUST M
865 NE 26TH AVE
POMPANO BCH FL 33062

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	☐ Change ☐ Addition
NAME	LANGENFELD, JOHN D	
STREET ADDRESS	#865 NE 26 AVENUE	
CITY-ST-ZIP	POMPANO BCH FL	
TITLE	S	☐ Change ☐ Addition
NAME	KARL, GWEN	
STREET ADDRESS	#5 PEACH TREE ST.	
CITY-ST-ZIP	ANDOVER NJ	
TITLE	D	☐ Change ☐ Addition
NAME	DAVIDOFF, WILLIAM T	
STREET ADDRESS	#312 NORTH GLEN	
CITY-ST-ZIP	HURST TX	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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: John D. Langenfeld JOHN D. LANGENFELD, PRES. 4/27/95 305-942-8329
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0107176 CP