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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

403182

(9)

SELECTIVE BOOKS, INC.

**FILED** May 05 1998 8:00am Secretary of State



<del></del>
COURT
4144

CLEANWAIEN, L 34617	CLEARWATER, L 34617		DO NOT WHITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
A Disciplination			06/12/1972	
2. Principal Place of Business 21 3701 State Road 580,	Ste F 28. Mailing Address P.O. Box 98	· //	4. FEI Number	Applied For
Suite, Apt #, etc.	Suite, Apt. #, etc.	· <del>····································</del>	59-1548985	Not Applicable
22 North Bay Plaza	27 Suite, Apr. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaigri Financing	\$5.00 May Be
23 Oldsmar, FL	28 Oldsmar, FL		Trust Fund Contribution	Added to Fees
<b>Zip</b> Country	Zip	Country	8. This corporation owes or has paid the curren	y year Intangible
24 34677 <sub>25</sub> USA		30 ÚSA	Personal Property Tax due June 30.	
g, Name and Address of	of Current Registered Agent		10. Name and Address of New Registered Ag	ent
CUSA <b>C</b> K,LEE		81 Name	Adair Cusack	
			ddress (P.O. Box Number is Not Acceptable)	
CLEARWATER FL 34616 3701 State Road 580				
		0.0	Oldsmar, FL 34677	
		84 City		85 Zip Code
			FLI	
<ol> <li>Pursuant to the provisions of Sections office or registered agent or both in</li> </ol>	s 607.0502 and 607.1508, Florida <b>Sta</b> tute The State of Florida. Such change was a	es, the above-named coupling the corporate	orporation submits this statement for the purpose of cl ration's board of directors. I hereby accept the appoin	hanging its registered
agent. I am familiar with, and accopt	the higations of Segion 607.0505, Flo	orida Statutes.	. I	/
SIGNATURE Adam 2.	Cusack		4/27	198
Signature, typera or printed surric of te		: Registered Agent signature red		
	CERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND D	IRECTORS IN 12
TITLE S	<b>▼</b> DELETE	1.1 TITLE	•	Change Addition
NAME CUSACK, LEE	LIOT	1.2 NAME	3701 State Road 580, Ste F	
STREET ADDRESS 1624 KEYSTONE CO	UKI	1.3 STREET ADDRESS	Oldsmar, FL 34677	
CITY-ST-ZIP CLEARWATER, FL 0	· · · · · · · · · · · · · · · · · · ·	1.4 CITY - ST - ZIP		
TITLE TPD	<b>►</b> DELETE	2.1 TITLE	Claudia Cusack, Secretary	Change Addition
NAME CUSACK, LEE		2.2 NAME	3701 St. Road 580, Ste F	
STREET ADDRESS 1624 KEYSTONE CO	URT	2.3 STREET ADDRESS	Oldsmar, FL 34677	
CITY-ST-ZIP CLEARWATER, FL 0		2. 4 CITY - ST - ZIP		
TITLE 8	<b>⊠</b> DFLETE	3.1 TITLE		Change Addition
NAME CUSACK, LEE		3.2 NAME		
STREET ADDRESS 1624 KEYSTONE COL	urt	3.3 STREET ADDRESS		
CITY-ST-ZIP CLEARWATER FL		3.4. CHY-ST-ZIP		
TITLE	DELETE	4.1 TITLE		Change Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4 4 CHTY-ST-ZIP		
TITLE	☐ DELETE	51 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 117LE		Change Addition
NAME		6.2 NAME		-
STREET ADDRESS		6.3 STREET ADDRESS		

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 my address.