## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISIO	N OF CORPORATIONS		
DOCUI	MENT # F42	015 (0	)		
•	ETON READING CENTE	ER, INC.	•		
Principal Place	of Business	Mailing Address			.B. 000 9190 8191 8190 9180 9181 8181 199
1031 NORTH MIAMI BEACH BLVD. 103		% Alan S Rose 1031 North Mia North Miami Bi	IMI BEACH BLVD.		
				3. Date Incorporated or Qualified 08/26/1981	3a. Date of Last Report 01/18/1995
<ol> <li>Principal Pa</li> </ol>	ace of Business	2a. Mailing Address	3	4. FEI Number	Applied For
Suite, Apt	#. etc.	Suite, Apt. #, et	c	59-2126601	Not Applicable  \$8.75 Additional
2 City & State		27		5. Certificate of Status Desired	Fee Required
3	y	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Z10	Country	Zip	Country	8. This corporation has liability for	
4]	9. Name and Address of C	29 urrent Registered Agent	30		s □No
			81 Name	TO, Maine and Address of New	negistered Agent
	THAL, ALAN S		82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)
	ORTH MIAMI BEACH BLVD. MIAMI BEACH FL 33162		83		
NONIA	MIAMI DEACH FL 33102				
			84 City		FL 85 Zip Code
<ol> <li>Pursuant t or register</li> </ol>	to the provisions of Sections 607, ed agent, or both, in the State of	.0502 and 607,1508, Florida S Florida, Such change was aut	tatutes, the above named corp	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of changing its registered office
familiar wit	th, and accept the obligations of,	Section 607.0505, Florida Sta	tutes.	value of offectors, I hereby accept the app	xointment as registered agent. I am
SIGNATURE ,	Stgrature: typics or printed name of registered	Dagent and the if applicable	(NOTE: Registered Agent signature requi	red when reinstanne	DATE
12.		S AND DIRECTORS	13.		FICERS AND DIRECTORS IN 12
TLF (AME	DP DOCENTUM CYLVIA C	☐ DELETE	1 1 TITLE		Change Addition
STREET ADDRESS	ROSENTHAL, SYLVIA S 1031 N MIAMI BEACH B	ı vn	1.2 NAME 1.3 STREET ADDRESS		
OTY-ST ZIE	N MIAMI BEACH, FL 000		1.3 STREET ADURESS		
ITLE	ST	DELETE	2 1 TITLE		Change Addition
44ME	ROSENTHAL, ALAN S.	_	2 2 NAME		
DESE LADORESS DIY-ST-ZIP	1031 N. MIAMI BCH. BLY	VD.	2 3 STREET ADDRESS		
L. F. 21 - 51 - 51 - 51 - 51 - 51 - 51 - 51 -	N. MIAMI BEACH FL	DELETE	24 CIFY-ST-ZIP 3 1 TITLE		☐ Change ☐ Addition
IAM:		<b></b>	3.2 NAME		Change Addition
JREET ADDRESS			3.3 STREET ADDRESS		
HY-ST ZIE		ר ז הרוביד	3 4 CITY - ST - ZIP		
AM(		☐ DELETE	4 1 TITLE 4 2 NAME		☐ Change ☐ Addition
TREET ADDRESS			4.3 STREET ADDRESS		
HY-SI-ZIF	····		4 4 CITY-ST-ZIP		
fluf our		DELETE	5 1 TITLE		Change Addition
AME TREET ADDRESS			5 2 NAME		
dy 55-79			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
ITLE		DELETE	6 1 TITLE		☐ Change ☐ Addition
ame:			6.2 NAME		
JEET ADDRESS			6 3 STREET ADDRESS		
iity-S1-Zift     <b>4.</b>   do hereby	certify that the information supp	lied with this filma is voluntarily	6.4 CHTY-ST-ZIP	for the exemption stated in Section 119	07/3/f/ Florida Statidae 16 dt
Otali V man	aus inichnadon hocated on tois	annual report of supplemental	- ADDITIAL FROM IT IS THE AND ACCUR	nor the exemption stated in Section 119 rate and that my signature shall have the nis report as required by Chapter 607, Ft	same legal effect as if made under
appears in	am am officer or direct of the c Block 12 or Block 13 d hanged	, or on an attackment with an	address.	report as required by Gridpital bott, Fi	онаа отпись, али тап ту пате
SIGNAT	URE: / Ulm 🤊	1 MARINT.	Cas	Jan. 17, 1	996
	SIGNATURE AND TYP	ED OR PRINTED NAME OF SIGNING O	FFIOR OR DIRECTOR	Date	Daytime Phone #