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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F42015

(0)

Mailing Address

PRINCETON READING CENTER, INC.

FILED										
Jan	15	1997	8:00am							
Se	ecre	etary o	of State							



January 8, 1997

Daylime Priorie #

	senimal Mami Beach Blyd. Beach Fl 33162	1031 NORTH MIAMI BEACH F				3. Date	ncorporated or Qualified	3a. Date of L	ast Report		
						I	6/1 9 81	01/24/19	•		
	lace of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number				
	'5 N. E. 191 Street		26 2875 N.E. 191 Street			59-	59-2126601				
Suite, Apt.		Suite, Apt. #, etc				5. Certifi	cate of Status Desired	1 1	.75 Additional		
	te 500	27 Suite 50		·				F-	ee Required		
City & State AVE	entura, FL	City & State Aventura, FL			I	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country	70)		ountry					ded to Fees		
24 331	L	29 33180	30	-	ISA	1	orporation has liability for i	ntangible tax un Yes	der s. 199.032,		
	9. Name and Address of Current		1001	<u>`</u>	<u> </u>		and Address of New Re				
ROS	ENTHAL, ALAN S			81	Name		·····				
X III STUDIO PITE VANTA IM VISEA CHAPLY IX.					82 Street Address (P.O. Box Number is Not Acceptable)						
ANORTH ANAM BEARN FK RINGR X				on our Address (rO. Dox Number is Not Acceptable)							
2875 N.E. 191 Street, Suite 500				83							
	ntura, Florida 3318			84	City			85	Zip Code		
	-				,			FL	,		
office or ri agent. Lai	to the provisions of Sections 607,0502 egistered agent, or both, in the State mitamiliar with land accept the obliga	of Florida. Such change was	s authoriz	ed by	the con	corporation subn poration's board c	nits this statement for the p of directors. I hereby accep	urpose of chang t the appointme	ing its registered nt as registered		
SIGNATURE	Signature itype dior project towns of registere Lagica	da atticula applicable (N	OT: Registe	red Age	nt signature	required when reinstate	(a)	DATE			
12.	OFFICERS AND	D.RECTORS	13	J.		ADDITI	ONS/CHANGES TO OFFIC	ERS AND DIREC	CTORS IN 12		
T:TLE	DP	DELETE	1.1	TITLE				☐ Ch	ange Addition		
NAME	ROSENTHAL, SYLVIA S		1.2	NAME							
STREET ADDRESS ROOM SKINGAMK BISACHKBLA/BX			1.3	1.3 STREET ADDRESS		2875 N.E. 191 Street, Suite 500					
CITY-S1-7(F)	K X X X X X X X X X X X X X X X X X X X		1.4	CITY-S	T - ZIP	Aventura	<u>, Florida 331</u>	***************************************			
1:11.5	ST	☐ DELETE	B	TITLE				Ch	ange 🔲 Addition		
NAME	ROSENTHAL, ALAN S.		H	NAME		2075 N F	101 CAMBER 1	C			
STREET ADDRESS 1081 XK MAAN BENXBU/D. DITY-SI-ZE NXBBANKBEACHAFLX X					ADDRESS	2875 N.E. 191 Street, Suite Aventura, Florida 33180			,		
DITY-ST-ZP TITLE	MARIARA MICHANIZA A	DELETE		CITY - S	31 - ZIP	Aventura	riurida 33	190 CP	ange Addition		
NAME		L.J Date		NAMÉ		,			ange LI Modition		
STREET ADDRESS			F		ADDRESS			•			
CITY-SI-7-F				. CHTY - S							
TITLE		DELETE		TITLE				Ch	ange Addition		
NAME			4.2	NAME			,		_		
STREET ADORESS			4.3	STREET	ADDRESS						
CHY-ST-7/P			4.4	CITY - S	1 - ZIP						
T TLF		☐ DELETE	5.1	TITLE				☐ Ch	ange Addition		
NAME			5.2	NAME			i e				
STREET ADDRESS			53	STREET	ADDRESS						
CITY-S1-7/P				CITY-S	T - ZIP	ļ		·····			
TATLE		☐ DELETE		TITLE			•	Ch	ange Addition		
NAME				namé			•				
STREET ADORESS					ADDRESS						
CITY-S1-7-P	by certify that the information supplied	Livide this files sees not see		CITY-S		lated in Casting 4	10 07/2/0) Florida Contin	n I fumbor occit	, that the		
informatio Lam an ol	by Certify that the information supplied in indicated on this armual report or si fficer or director of the corporation or in Block 12 or Block 13 if changed or	applemental annual report is tan receiver or trustee samp	strue and	i accu	irate and	that my signature	shall have the same lega	Leffect as if mad	de under oath: tha		

G OFFICER OR DIRECTOR