

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

FILED
Oct 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F48740 (7)			
1. Corporation Name BOOKS & BOOKS, INC.			
Principal Place of Business c/o Helen Kaplan 296 Aragon Avenue Coral Gables, FL 33134		Mailing Address c/o Helen Kaplan 296 Aragon Avenue Coral Gables, FL 33134	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	
4. FEI Number 59-2136488		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year (Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent KAPLAN, HELEN 296 ARAGON AVENUE CORAL GABLES FLORIDA 33134		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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KAPLAN, HELEN <input type="checkbox"/> DELETE 112 E 1 CT HIBISCUS ISLD MIAMI BEACH, FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P KAPLAN, HELEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 112 E 1 CT HIBISCUS ISLD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTD SER, JULIUS <input type="checkbox"/> DELETE 4606 PRAIRIE AVE MIAMI BEACH, FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	TD SER, JULIUS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4606 PRAIRIE AVE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SER, MILLIE <input type="checkbox"/> DELETE 4606 PRAIRIE AVE MIAMI BEACH, FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	DVP SER, MILLIE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4606 PRAIRIE AVE MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD KAPLAN, MITCHELL <input type="checkbox"/> DELETE 2381 S W 23RD ST MIAMI, FLORIDA	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	100002683851 -10/14/98-01071-021 ***558.75
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. I hereby 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.			
SIGNATURE: <u>Julius Ser</u> Julius Ser, Treasurer 10/12/98 305-444-9044 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #			

CR2E034 (10/97)