

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000005978 (0)

1. Corporation Name

ACROPOLIS BOOKS, INC.

Principal Place of Business

Mailing Address

% MR. AL HACKL
415 WOOD DUCK DRIVE
SARASOTA FL 34236

% MR. AL HACKL
415 WOOD DUCK DRIVE
SARASOTA FL 34236



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/07/1995		3a. Date of Last Report N/A	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 84-1321520		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YORK, DONALD H
722 PONTE VEDRA BEACH BLVD.
PONTE VEDRA BEACH FL 32082

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	C/D/P
NAME	KRUPP, MICHAEL R	1.2 NAME	SAME
STREET ADDRESS	802 PARK POINT DR., #105	1.3 STREET ADDRESS	
CITY-ST-ZIP	GOLDEN CO 80401	1.4 CITY-ST-ZIP	CHANGE IN TITLE ONLY
TITLE	CPD	2.1 TITLE	D
NAME	YORK, DONALD H	2.2 NAME	SAME
STREET ADDRESS	722 PONTE VEDRA BEACH BLVD.	2.3 STREET ADDRESS	CHANGE IN TITLE ONLY
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	
TITLE	DVST	3.1 TITLE	
NAME	JORDAN, CHARLES W	3.2 NAME	
STREET ADDRESS	6558 DUNWOODY TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	AUSTELL GA 30001	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	JUTRAS, DENICE	4.2 NAME	
STREET ADDRESS	51 MARSHWOOD ESTATES	4.3 STREET ADDRESS	
CITY-ST-ZIP	ELIOT ME 03903	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	STEVENS, LESLIE	5.2 NAME	
STREET ADDRESS	237 SPRING DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ROSWELL GA 30075	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/96

770.948.5199

CR2E034 (12/95)