

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000004756 (0)**
1. Corporation Name
READING'S FUN/BOOKS ARE FUN, LTD. INCORPORATED

Principal Place of Business
**123 N. MAIN ST
FAIRFIELD IA 52556-2370**

Mailing Address
**123 N. MAIN ST
FAIRFIELD IA 52556-2370**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/16/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 42-1360501	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	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 HIQ CORPORATE SERVICES, INC. 526 E. PARK AVE, SUITE 200 TALLAHASSEE FL 32301				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	CP	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPLAN, EARL		1.2 NAME		
STREET ADDRESS	407 HEATHERWOOD		1.3 STREET ADDRESS	1010 N. B STREET	
CITY-ST-ZIP	FAIRFIELD IA 52556		1.4 CITY-ST-ZIP		
TITLE	VSD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCLAUGHLIN, TED		2.2 NAME		
STREET ADDRESS	1205 LAKEVIEW		2.3 STREET ADDRESS		
CITY-ST-ZIP	FAIRFIELD IA		2.4 CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAPLAN, DAVID		3.2 NAME		
STREET ADDRESS	435 L'AMBIANCE #G701		3.3 STREET ADDRESS		
CITY-ST-ZIP	LONGBOAT KEY FL 34228		3.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			4.2 NAME	ZELL, SAM	
STREET ADDRESS			4.3 STREET ADDRESS	2 N RIVERSIDE PLAZA	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			5.2 NAME	ROSEN, DAVID J	
STREET ADDRESS			5.3 STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	CHICAGO IL 60606	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			6.2 NAME	DAMMEYER, ROD	
STREET ADDRESS			6.3 STREET ADDRESS	2 N. RIVERSIDE PLAZA	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	CHICAGO IL 60606	

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.

CR2E034 (10/97)