

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 # **H10754** (0)

1. Corporation Name

BOOK CLUB, INC.



Principal Place of Business

**POST OFFICE BOX 8759
POMPANO FL 33075**

Mailing Address

**POST OFFICE BOX 8759
POMPANO FL 33075**

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
06/29/1984

3a. Date of Last Report
04/25/1995

4. FEI Number

59-2711219

Applied For
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**CHOY, WONG
7770 W. OAKLAND PARK BLVD.
SUNRISE FL 33351-3779**

10. Name and Address of New Registered Agent

81 Name

CHOY, WONG

82 Street Address (P.O. Box Number is Not Acceptable)

10100 West Sample Road

83

Suite 329

84 City

Pompano Beach

FL

85 Zip Code
33065

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, if applicable,

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **CHOY, WONG**
STREET ADDRESS **7770 W. OAKLAND PRK BLV**
CITY-ST-ZIP **SUNRISE FL**

TITLE **ST** ☐ DELETE
NAME **CHOY, SAN MUI**
STREET ADDRESS **7770 W. OAKLAND PRK BLV**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☐ Addition
1.2 NAME **CHOY, WONG**
1.3 STREET ADDRESS **10100 West Sample Road #329**
1.4 CITY-ST-ZIP **Pompano Beach, FL**

2.1 TITLE **ST** ☒ Change ☐ Addition
2.2 NAME **CHOY, SAN MUI**
2.3 STREET ADDRESS **10100 West Sample Road #329**
2.4 CITY-ST-ZIP **Pompano Beach, FL**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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

CHOY, WONG

4/29/96

Date

(954) 752-2393

Daytime Phone #

CR2E034 (12/95)