

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
 CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT #

1. Corporation Name:

526978

READER FAMILY ENTERPRISES, INC

Principal Place of Business:

Mailing Address:

758 CAMINO LAKE CIRCLE
 BOCA RATON, FL. 33486

2. Principal Place of Business:

2a. Mailing Address:

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

EDWARD B. COHEN
 54 SW. BOCA RATON BLVD
 BOCA RATON, FL. 33432-4708

3. Date this statement was filed: AUGUST 1986

3a. Date of last Report: 4/95

4. FIC Number:

59-2706482

Application:

Not Applicable

5. Certificate of Status Due:

\$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 the past two years of taxes to the
 Federal State:

Yes

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:

SIGNATURE:

12. OFFICERS AND DIRECTORS

TITLE

PRESIDENT

DELETE

NAME

BRYANT T. READER, SR

STREET ADDRESS

758 CAMINO LAKE CIRCLE

CITY, STATE, ZIP

BOCA RATON, FL. 33486

TITLE

VICE-PRESIDENT

DELETE

NAME

LOIS D READER

STREET ADDRESS

758 CAMINO LAKE CIRCLE

CITY, STATE, ZIP

BOCA RATON, FL. 33486

TITLE

SECRETARY

DELETE

NAME

BRYANT T. READER, JR.

STREET ADDRESS

2 CHARTER OAK PLACE

CITY, STATE, ZIP

CLEMENTON, N.J. 08021

TITLE

TREASURER

DELETE

NAME

DOUGLAS G. READER

STREET ADDRESS

22858 MARKHAM WAY

CITY, STATE, ZIP

BOCA RATON, FL. 33428

TITLE

2ND VICE PRESIDENT

DELETE

NAME

SCOTT M. READER

STREET ADDRESS

11203 MODEL CIRCLE WEST

CITY, STATE, ZIP

BOCA RATON, FL. 33428

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS:

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

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STREET ADDRESS

CITY, STATE, ZIP

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NAME

STREET ADDRESS

CITY, STATE, ZIP

TITLE

NAME

STREET ADDRESS

CITY, STATE, ZIP

100001881051
 -07/02/96--01013--049
 ***225.00

14. I hereby certify that the information appearing on this form is true and correct to the best of my knowledge and belief, and I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading. I am not aware of any information that would cause me to believe that the information is false or misleading.

SIGNATURE:

BRYANT T. READER, SR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/3/96

561-394-9978

CR2E034 (3/96)