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Apr 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J26978 (3)

1. Corporation Name

READER FAMILY ENTERPRISES, INC.

Principal Place of Business

80 NW SPANISH RIVER BLVD
BOCA RATON FL 33481

Mailing Address

758 CAMINO LAKE CIRCLE
BOCA RATON FL 33486-6953



3. Date Incorporated or Qualified

08/01/1986

3a. Date of Last Report

07/01/1996

2. Principal Place of Business

21 100 S. MILITARY TRAIL

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

DAY 13

27 Suite, Apt. #, etc.

23 City & State

DEERFIELD BEACH, FL

28 City & State

24 Zip

33442

25 Country

BROWARD

29 Zip

30 Country

4. FEI Number

59-2706482

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

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

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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	READER, BRYANT T.	
STREET ADDRESS	758 CAMINO LAKE CIRCLE	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	READER, LOIS D	
STREET ADDRESS	758 COMINO LAKE CIRCLE	
CITY - ST - ZIP	BOCA RATON FL 33486	
TITLE	S	<input type="checkbox"/> DELETE
NAME	READER, BRYANT J.R.	
STREET ADDRESS	2 CHARTER OAK PLACE	
CITY - ST - ZIP	CLEMENTON NJ 08021	
TITLE	2VP	<input type="checkbox"/> DELETE
NAME	READER, SCOTT M	
STREET ADDRESS	11203 MODEL CIRCLE W.	
CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE	T	<input type="checkbox"/> DELETE
NAME	READER, DOUGLAS G	
STREET ADDRESS	22958 MARKHAM WAY	
CITY - ST - ZIP	BOCA RATON FL 33428	
TITLE	3VP	<input type="checkbox"/> DELETE
NAME	Reader Steven C.	
STREET ADDRESS	758 Camino Lakes Circle	
CITY - ST - ZIP	Boca Raton, FL 33486	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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: BRYANT T. READER, SR. *Bryant T. Reader, Sr.* 4/19/97 561-394-9978

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0337208

CR2E034 (9/96)