

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90003 019 ***150.00

DOCUMENT #

1. Corporation Name

READER FAMILY ENTERPRISES, INC.

Principal Place of Business

Mailing Address

1935 S.W. 7TH COURT
BOCA RATON, FL. 33486

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

AUGUST 1986

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

59-2706482

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

22

27

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

23

28

Zip Country

Zip Country

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes ☒ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EDWARD B. COHEN

54 S.W. BOCA RATON BLVD.

BOCA RATON, FL. 33432-4708

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 ~~P. READER~~ ☐ DELETE

NAME BRYANT T. READER, SR.

STREET ADDRESS 1935 S.W. 7TH CT.

CITY-ST-ZIP BOCA RATON, FL. 33486

TITLE ~~V. READER~~ ☐ DELETE

NAME LOIS D. READER

STREET ADDRESS 1935 S.W. 7TH CT.

CITY-ST-ZIP BOCA RATON, FL. 33486

TITLE ~~S. READER~~ ☐ DELETE

NAME BRYANT T. READER, JR.

STREET ADDRESS

CITY-ST-ZIP

TITLE ~~T. READER~~ ☐ DELETE

NAME SCOTT M. READER

STREET ADDRESS

CITY-ST-ZIP

TITLE ~~D. READER~~ ☐ DELETE

NAME DOUGLAS S. READER

STREET ADDRESS

CITY-ST-ZIP

TITLE ~~D. READER~~ ☐ DELETE

NAME STEVEN C. READER

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

Bryant T. Reader, Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

BRYANT T. READER, SR.

Date

4/17/99

Daytime Phone #

561-394-9978

CR2E034 (11/98)