FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT 1996	9	Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS							
DOCUMENT # L3997!	5	(2)							
SOUTHEAST PERIODICAL & BOO	K S#	LES, INC.							
Principal Place of Business	M	ailing Address			····			II DIBIO DIDI DEDE I	JIBH 61011 81011 1001
10100 NW 25TH ST. MIAMI FL 33172		PO BOX 4076 125 CLEARVIEW AVE EDISON NY 08818 US				Date Incorporated or Quality	alified :	3a. Date of Las	t Report
2 Oily sould fill any of the shares	T 6.	haritan Artificia				01/04/1990	<u> </u>	02/17/	
2. Principal Place of Business	2a 26	Mailing Address				4. FEI Number NOT APPLICA	BLE	-	Applied For Not Applicable
Suite, Apt. #, etc.	27	Suite, Apt #, etc.				5. Certificate of Status Desi			75 Additional se Required
City & State	28	Oty & State				Election Campaign Finan Trust Fund Contribution	cing [.00 May Be ded to Fees
Country 25	29	2 φ	30 Co	untry			Yes [] No	s 199.032,
9. Name and Address of Current	Regis	tered Agent		81	Name	10. Name and Address of	New Reg	istered Agent	
BRUNJES, ROBERT						(0.0 p. 4)			
10100 NW 25 ST				82	Street Ad	ddress (P.O. Box Number is Not Ad	ceptable)		
MIAMI FL 33172				83					
				84	City			FL 85	Zip Code
11. Pursuant to the previsions of Sections 607.0502 or registered agent, or both, in the State of Florida familiar with, and accept the obligations of, Section SIGNATURE Section types or provided a completed agent a 12. OFFICERS AND	a. Suci on 607	n change was authorize 0505, Florida Statutes. applicable (NO)	E Registere	corp	oration's ti	oard of directors. I hereby accept the red when reinstaling)	ne appoint	ment as registe	red agent. I am
TRUE D	DINC	DELETE	13. 1.1	TILLE	T	ADDITIONS/CHANGES T	O OFFICE	RS AND DIREC	
NAME GELFAND, ARTHUR		<u></u>	1	AME					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS 111 CLARK ROAD			1.3 \$	TREET	ADDRESS				
CHY-ST-ZP BERNARDSVILLE NJ		DELETE		HTY - S	T-ZIP				
NAME			2 1					☐ Chang	ge 🔲 Addition
STREET ADDRESS			ı		ADDRESS				
Cly-SI-7F			240	HIY-S	I - ZIF				
Lift		DELETE	1	TITLE				☐ Chang	ge 🔲 Addition
NAME SIRELLADORESS			1	AME	I ADDRESS				ļ
Cly SI-ZP				JIY-S					1
THE									
		DELETE	4 1	TITLE				Chang	ge 🔲 Addition
NATE:		DELETE	4.21	AME				Chang	ge 🔲 Addition
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STREET ADDRESS CHEST-ZIP TARF			4.2 h 43 5 44 (5 1 5 2 h	STREET STREET STY-S TITLE JAME					
STREET ADDRESS C-Tr ST-70° THAF AAM:			421 435 440 51 521 535 540	STREET STREET STY-S TITLE JAME	I-ZIF ADDRESS				ge Addition

6 4 DIY-ST-ZIP

14. I an 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 chapted, or on an attachment with an address.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS.