

2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

98 JAN 22 PM 12:00

FILING FEE Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee
\$ 588.75 Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L96000000567
PUBLISHERS WAREHOUSE OF FLORIDA CITY, FL L LC
250 E. PALM DR., #425
FLORIDA CITY FL 33034

1a. Principal Place of Business Address
250 E. PALM DR., #425
FLORIDA CITY FL 33034

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business SAME		2a. Mailing Address		3. Date Organized or Qualified 05/21/1996		3a. State of Formation FL	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
City & State		City & State		5. Date of Last Report		6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>	
Zip	Country	Zip	Country				

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code	
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9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE *Vicky Goldstein* **VICKY GOLDSTEIN** **SPECIAL ASSISTANT SECRETARY** DATE **1-13-98**

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	BROOKS, RON	142 WEST END AVE.	KNOXVILLE TN
		800002413238--5 -01/27/98--01064--001 ****703.75 ****703.75	
		REINSTATEMENT <u>97</u> dec	
		500.00 100.00 103.75	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *by R. L. B. B.* Secretary 11/17/97 423-675-7958