

2-18-98 B- 2215 -C
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 18 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **M12123** (9)
1. Corporation Name
EGGHEAD, INC.

Principal Place of Business
**1301 S ANDREWS AVE
2ND FLOOR
FT LAUDERDALE FL 33316
US**

Mailing Address
**P O BOX 7375
FT LAUDERDALE FL 33316
US**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1301 S. Andrews Ave Suite, Apt. #, etc. 22 2nd Floor City & State 23 ft. Lauderdale Zip 24 33316 Country 25 US	2a. Mailing Address 27 P O Box 7375 Suite, Apt. #, etc. 28 Fort Lauderdale Zip 29 33316 Country 30 US
---	---

3. Date Incorporated or Qualified 03/01/1985	4. FEI Number 59-2521966	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent
**FRIEDLANDER, SHERRY
1201 SE 13 TERR
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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	FRIEDLANDER, SHERRY
STREET ADDRESS	2455 E SUNRISE BLVD 411 P O Box 7375
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WRIGHT, ZEBEDEE
STREET ADDRESS	2455 E SUNRISE BLVD 411 P O Box 7375
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JACKSON, GLORIA
STREET ADDRESS	2455 E SUNRISE BLVD 411 P O Box 7375
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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	1301 S. Andrews Ave
1.4 CITY-ST-ZIP	33316
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1301 S. Andrews Ave
2.3 STREET ADDRESS	33316
2.4 CITY-ST-ZIP	33316
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	1301 S. Andrews Ave
3.3 STREET ADDRESS	33316
3.4 CITY-ST-ZIP	33316
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 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: **Sherry Friedlander** 1-28-98 954-763-3338

CR2E034 (10/97)