FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # M30461

1. Corporation Name
BOOK EXPLOSION, INC

Principal Place of Business / Mailing Address
2039 WILTON DRIVE
FORT LAUDERDALE FL 33305

2. Principal Place of Business: 21 SAME AS ABOVE
22 Suite, Apt #, etc
23 City & State
24 Zip 25 Country

2a. Mailing Address: 26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

3. Date Incorporated or Qualified: 1986
3a. Date of Last Report: 1995
4. FEI Number: 59-2666-072 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$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
MICHAEL E. KUBIATOWICZ
775 N.E. 40 TH ST
FORT LAUDERDALE FL 33334

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: M.E. Kubiatowicz
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	PRESIDENT ☐ DELETE
NAME	MICHAEL E. KUBIATOWICZ
STREET ADDRESS	775 NE 40TH ST
CITY-ST-ZIP	FORT LAUDERDALE, FL 33334
TITLE	VICE PRESIDENT ☐ DELETE
NAME	MARK A. KUBIATOWICZ
STREET ADDRESS	SAME ADDRESS
CITY-ST-ZIP	
TITLE	2ND VICE PRESIDENT ☐ DELETE
NAME	MITCHELL A. KUBIATOWICZ
STREET ADDRESS	SAME ADDRESS
CITY-ST-ZIP	
TITLE	SECRETARY ☐ DELETE
NAME	JUDY L. KUBIATOWICZ
STREET ADDRESS	SAME ADDRESS
CITY-ST-ZIP	
TITLE	~~[illegible]~~ ☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	TREASURER ☐ DELETE
NAME	MICHAEL E. KUBIATOWICZ
STREET ADDRESS	SAME ADDRESS
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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JR

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14. I do 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 changed, or on an attachment with an address.

SIGNATURE: M.E. Kubiatowicz Pres — M.E. KUBIATOWICZ PRES — 5-13-96 — 305 564-2499
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #