

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

FILED

Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M30461** (1)
1. Corporation Name
BOOK EXPLOSION, INC.

Principal Place of Business
**2039 WILTON DR.
FT. LAUDERDALE FL 33305**

Mailing Address
**2039 WILTON DR.
FT. LAUDERDALE FL 33305**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/15/1986	
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number 59-2666072	Applied For Not Applicable
23 Zip	25 Country	29 Zip	30 Country	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent KUBIATOWICZ, MICHAEL E 775 N.E. 40TH ST. FT. 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	85 Zip Code FL

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	PT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUBIATOWICZ, MICHAEL E			1.2 NAME			
STREET ADDRESS	775 NE 40TH ST. NE			1.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			1.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUBIATOWICZ, JUDY L			2.2 NAME			
STREET ADDRESS	775 NE 40TH ST. NE			2.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			2.4 CITY-ST-ZIP			
TITLE	VP2	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUBIATOWICZ, MITCHELL			3.2 NAME			
STREET ADDRESS	775 NE 40TH ST. NE			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUBIATOWICZ, MARK			4.2 NAME			
STREET ADDRESS	774 NE 40TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33334			4.4 CITY-ST-ZIP			
TITLE	VP3	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MICHAEL E KUBIATOWICZ, JR.			5.2 NAME			
STREET ADDRESS	926 PARK RIDGE DR			5.3 STREET ADDRESS			
CITY-ST-ZIP	SAV CLAIR, WI 54703			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-98 954 564-2499
Date Daytime Phone # 0004512

CR2E034 (10/97)