

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Landra B. McMillen
Secretary of State
Division of Corporations

APPROVED
AND
FILED

95 MAY -1 AM 5:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P00129** (7)
SCHOLASTIC BOOK FAIRS, INC.

Principal Place of Business: 901 LAKE DESTINY DRIVE, STE 390, MAITLAND FL 32751-4870, US
Mailing Address: 901 LAKE DESTINY DRIVE, P.O. BOX 5700, MAITLAND FL 32751-4870

DO NOT WRITE IN THIS SPACE

2. Filing Date (MM/DD/YYYY)	2a. Mailing Address	3. Date incorporated or created	3a. Date of Last Report
21	26	12/02/1983	05/01/1994
22. State of Incorporation	27. State Agent	4. FEI Number	Applied For / Not Applicable
22	27	06-1089443	
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. Zip	25. Locality	29. Zip	30. Locality
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
UNITED STATES CORPORATION COMPANY 1201 HAYES ST STE 105 TALLAHASSEE FL 32301		01. Name	
		02. Street Address (P.O. Box Number is Not Acceptable)	
		03.	
		04. City	05. Zip Code
			FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 Florida Statutes, the above named corporation admits 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: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARCUS, BARBARA	1.2 NAME	
STREET ADDRESS	555 BROADWAY 10TH FLOOR	1.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	1.4 CITY, ST, ZIP	
TITLE	SD	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, LYNETTE E.	2.2 NAME	
STREET ADDRESS	5555 BROADWAY	2.3 STREET ADDRESS	555 BROADWAY 10TH FLOOR
CITY, ST, ZIP	NEW YORK NY	2.4 CITY, ST, ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARZANO VINNIE	3.2 NAME	
STREET ADDRESS	1290 WALL ST WEST	3.3 STREET ADDRESS	
CITY, ST, ZIP	LYNDHURST NJ	3.4 CITY, ST, ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPAULDING, RICHARD M.	4.2 NAME	
STREET ADDRESS	555 BROADWAY	4.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	4.4 CITY, ST, ZIP	
TITLE	VD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISCHOFF, FREDERIC J.	5.2 NAME	
STREET ADDRESS	555 BROADWAY	5.3 STREET ADDRESS	
CITY, ST, ZIP	NEW YORK NY	5.4 CITY, ST, ZIP	
TITLE	C	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, NICK	6.2 NAME	
STREET ADDRESS	901 LAKE DESTINY #390	6.3 STREET ADDRESS	
CITY, ST, ZIP	MAITLAND FL	6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 111.03(3)(b), 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: *N. Phillips* NICK PHILLIPS 907-875-3855
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR