

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P00129 (7)**

1. Corporation Name
SCHOLASTIC BOOK FAIRS, INC.



Principal Place of Business: **801 LAKE DESTINY DRIVE STE 390 MAITLAND FL 32751-4878 US**
Mailing Address: **901 LAKE DESTINY DRIVE P.O. BOX 5700 MAITLAND FL 32751-4878**

3. Date Incorporated or Qualified: **12/02/1983**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 1080 GREENWOOD BLVD	26 1080 GREENWOOD BLVD
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 LAKE MARY, FL	28 LAKE MARY, FL
24 32746	29 32746
25 SEMINOLE	30 SEMINOLE

4. FEI Number: **06-1089443**
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

g. Name and Address of Current Registered Agent: **UNITED STATES CORPORATION COMPANY 1201 HAYES ST STE 105 TALLAHASSEE FL 32301**

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 607.1506, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLISON, LYNETTE E.	2.2 NAME	
STREET ADDRESS	555 BROADWAY 10TH FLOOR	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, NICK	6.2 NAME	
STREET ADDRESS	901 LAKE DESTINY #390	6.3 STREET ADDRESS	1080 GREENWOOD BLVD.
CITY-ST-ZIP	MAITLAND FL	6.4 CITY-ST-ZIP	LAKE MARY, FL 32746

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: *N. S. Phillips* **4/17/96** **407-829-7300**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)