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

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P00129

SCHOLASTIC BOOK FAIRS, INC.

FILED May 07 1997 8:00am Secretary of State



					Dian Birne Birni dean dean Kirni Jari
Principal Place	of Business	Mailing Address			O FRIE OIRTE OF OH OIRTE BIRET BIRITING
1080 GREENWOOD BLVD. 1080 GREENWOOD BLVD.					
LAKE MARY FL US	, 32740	LAKE MARY FL 32746-5404 US			
			1	3. Date Incorporated or Qualified	3a. Date of Last Report
A Delection Di	ace of Business	1.6. 14. 10. 14. 14.		12/02/1983	L 05/01/1996
	GREENWOOD BLVD	2a. Mailing Address	ENL CARDO	4. FEI Number	Applied For
Suite, Apt. 4		Suite, Apt. #, etc.	CIONDONE	4 06-1089443	Not Applicable
22		27		5. Certificate of Status Desired	Fee Required
City & State)	City & State		6. Election Campaign Financing	\$5.00 May Be
City & State	E MARY,	28 FL		Trust Fund Contribution	Added to Fees
Zip	Country	29 32746	Country USA	8. This corporation has liability for in	
24 3274	0 25 USA		30 SEMMOLE		Yes No
	9. Name and Address of Current	Registered Agent	B1 Name	10. Name and Address of New Reg	Istered Agent
UNITED STATES CORPORATION COMPANY 1201 HAYES ST STE 105			B1 Name		
			82 Street Addr	ress (P.O. Box Number is Not Acceptable	le)
			83		
TALL	AHASSEE FL 32301		63		1
			84 City		FL 85 Zip Code
44 Purcuant t	o the provisions of Sections 607 0503	and 607 1608 Florida Statuta	s the above named corn	poration submits this statement for the pr	
office or re	egistered agent, or both, in the State of	f Florida. Such change was at	uthorized by the corporat	ion's board of directors. I hereby accep	t the appointment as registered .
-	n familiar with, and accept the obligation	ons or, Section 607.0505, Flor	ida Statutes.		\ \ \
SIGNATURE	Signature, typed or printed name of registered agent	and trile if applicable (NOTE:	Hogistored Agent signature requir	red when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	☐ DELETÉ	1. 1 TITLE		Change Addition
NAME	MÁRCUS, BARBARA		1.2 NAME		1
STREET ADDRESS	555 BROADWAY 10TH FLOOR		1.3 STREET ADDRESS		Įi
CITY-ST-ZIP	NEW YORK NY		1.4 CITY - ST - ZIP		
TITLE	\$D	DELETE	2.1 TITLE		Change L Addition
NAME	ALLISON, LYNETTE E.		2.2 NAME		1
STREET ADDRESS	555 BROADWAY 10TH FLOOR		2.3 STREET ADDRESS		1
CITY-ST-ZIP	NEW YORK NY	DELETE	2. 4 CITY - S1 - ZIP		Change Addition
TITLE	T	L_) Dett ie	3 1 THLE		Change Addition
NAME STREET ADDRESS	MARZANO VINNIE		3.2 NAME		
·	1290 WALL ST WEST		3 3 STREET ADDRESS 3 4, CITY+S1-ZIP		
CITY-ST-ZIP TITLE	LYNDHURST NJ D	DELETE	4.1 TITLE		Change 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 VD	☐ DELFTE	5.1 TiTLE		Change 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	DELETE	6.1 TITLE		Change Addition
NAME	PHILLIPS, NICK		6 2 NAME		
STREET ADDRESS	1080 GREENWOOD BLVD.		6 3 STREET ADDRESS		
CITY-ST-ZIP	LAKE MARY FL		6.4 CHTY-ST-ZIP		
14. I do hereb	v certify that the information supplied a	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 chi[ingeq], or on an attachment with an address.

4/28/97407-829-7300