

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

**FILED**  
**Apr 28 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P00129 (7)**

1. Corporation Name  
**SCHOLASTIC BOOK FAIRS, INC.**



Principal Place of Business <b>1080 GREENWOOD BLVD                  LAKE MARY FL 32746                  US</b>	Mailing Address <b>1080 GREENWOOD BLVD.                  LAKE MARY FL 32746                  US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>12/02/1983</b>	
2. Principal Place of Business 21 <b>1080 Greenwood Blvd</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1080 Greenwood Blvd</b> Suite, Apt. #, etc.
22 City & State <b>Lake Mary, FL</b>	27 City & State <b>Lake Mary FL</b>
23 Zip <b>32746</b>	28 Country <b>USA</b>
24 Zip <b>32746</b>	29 Country <b>USA</b>
4. FEI Number <b>06-1089443</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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 <b>UNITED STATES CORPORATION COMPANY                  1201 HAYES ST                  STE 105                  TALLAHASSEE FL 32301</b>		81 Name
		82 Street Address (P.O. Box Number is Not Acceptable)
		83
		84 City
		85 Zip Code
		<b>FL</b>

11. Pursuant to the provisions of Sections 607.0507 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCUS, BARBARA</b>	1.2 NAME	
STREET ADDRESS	<b>555 BROADWAY 10TH FLOOR</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ALLISON, LYNETTE E.</b>	2.2 NAME	<b>SD</b>
STREET ADDRESS	<b>555 BROADWAY 10TH FLOOR</b>	2.3 STREET ADDRESS	<b>Dewitt, Charlie</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	2.4 CITY-ST-ZIP	<b>555 Broadway</b>
TITLE	<b>Y</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARZANO VINNIE</b>	3.2 NAME	
STREET ADDRESS	<b>1290 WALL ST WEST</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LYNDHURST NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPAULDING, RICHARD M.</b>	4.2 NAME	
STREET ADDRESS	<b>555 BROADWAY</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BISCHOFF, FREDERIC J.</b>	5.2 NAME	<b>VD</b>
STREET ADDRESS	<b>555 BROADWAY</b>	5.3 STREET ADDRESS	<b>McEnery, Kevin</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP	<b>1290 Wall st west</b>
TITLE	<b>C</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PHILLIPS, NICK</b>	6.2 NAME	
STREET ADDRESS	<b>1080 GREENWOOD BLVD.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE MARY FL</b>	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: *Nick Phillips*

CR2E034 (10/97)