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**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 15, 1999 8:00 am
Secretary of State

05-15-1999 90008 022 ***150.00

DOCUMENT # P00129

1. Corporation Name

SCHOLASTIC BOOK FAIRS, INC.

Principal Place of Business

**1080 GREENWOOD BLVD
LAKE MARY FL 32746
US**

Mailing Address

**1080 GREENWOOD BLVD
LAKE MARY FL 32746
US**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

12/02/1983

2. Principal Place of Business

21 1080 Greenwood Blvd

2a. Mailing Address

26 1080 Greenwood Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

9. 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 607.1508, 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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	MARCUS, BARBARA	
STREET ADDRESS	555 BROADWAY 10TH FLOOR	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DEULL, CHARLIE	
STREET ADDRESS	555 BROADWAY	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MARZANO VINNIE	
STREET ADDRESS	1290 WALL ST WEST	
CITY-STATE-ZIP	LYNDHURST NJ	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPAULDING, RICHARD M.	
STREET ADDRESS	555 BROADWAY	
CITY-STATE-ZIP	NEW YORK NY	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MCENERY, KEVIN	
STREET ADDRESS	1290 WALL ST W	
CITY-STATE-ZIP	LYNDHURST NJ	
TITLE	C	<input type="checkbox"/> DELETE
NAME	PHILLIPS, NICK	
STREET ADDRESS	1080 GREENWOOD BLVD.	
CITY-STATE-ZIP	LAKE MARY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-STATE-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-STATE-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-STATE-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-STATE-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #