

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
95 JUL 14 AM 11:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P26865 (6)

1. Corporation Name
BEST READ GUIDES FRANCHISE CORP.

Principal Place of Business: **5850 LAKEHURST DRIVE SUITE 225 ORLANDO FL 32819**
Mailing Address: **5850 LAKEHURST DRIVE SUITE 225 ORLANDO FL 32819**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/09/1989**
3a. Date of Last Report: **04/22/1994**

2. Principal Place of Business: **21 13312 W. Colonial DR**
Suite, Apt. #, etc.: **26**
22 Winter Garden, FL
City & State: **27 SAME**
23 34787
Zip: **24** Country: **25**
Zip: **29** Country: **30**

4. FEI Number: **65-0154480** 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. 198(3)? Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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 607.1904, 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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD
NAME	ENGLISH, ROBERT
STREET ADDRESS	5850 LAKEHURST DRIVE, SUITE 225
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	SD
NAME	BROOKS, WALTER
STREET ADDRESS	5850 LAKEHURST DRIVE, SUITE 225
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	D
NAME	BROOKS, PATRICIA
STREET ADDRESS	5850 LAKEHURST DRIVE, SUITE 225
CITY - ST - ZIP	ORLANDO FL 32819
TITLE	D
NAME	SULLIVAN, STEPHEN
STREET ADDRESS	5850 LAKEHURST DRIVE, SUITE 225
CITY - ST - ZIP	ORLANDO FL 32819

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 supplementary 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 checked, or on an attachment with an address.

SIGNATURE: Robert English Robert English 7/10/95 (407)654-0220
(Typed Name of Filing Officer or Director)

CR2E034 (3/95)

P26865

6/01/95 CORPORATE DETAIL RECORD SCREEN 11:06 AM
 NUM: P26865 ST:DE ACTIVE/FOREIGN PROF FLD: 11/09/1989
 FEI#: 65-0154480
 NAME : BEST READ GUIDES FRANCHISE CORP.
 PRINCIPAL: 13312 W COLONIAL DRIVE CHANGED: 05/16/95
 ADDRESS ~~SUITE 225~~
 WINTER GARDENS, FL 34787 US
 RA NAME : CT CORPORATION SYSTEM NAME CHG: 03/10/92
 RA ADDR : 1200 S. PINE ISLAND ROAD ADDR CHG: 03/10/92
 PLANTATION, FL 33324 US
 ANN REP : (1993) IY 05/01/93 (1994) B 04/22/94 (1995) B 05/16/95

6/01/95 OFFICER/DIRECTOR DETAIL SCREEN 11:06 AM
 CORP NUMBER: P26865 CORP NAME: BEST READ GUIDES FRANCHISE CORP.
 TITLE: PTD NAME: ENGLISH, ROBERT
 13312 W COLONIAL DRIVE
 WINTER GARDENS, FL
 TITLE: SD NAME: BROOKS, WALTER
 13312 W COLONIAL DRIVE
 WINTER GARDENS, FL
 TITLE: D NAME: BROOKS, PATRICIA
 13312 W COLONIAL DRIVE
 WINTER GARDENS, FL
 TITLE: D NAME: SULLIVAN, STEPHEN
 13312 W COLONIAL DRIVE
 WINTER GARDENS, FL