

**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**  
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

2. Principal Place of Business: **21 13312 W. Colonial DR**      2a. Mailing Address: **26 SAME**  
Suite, Apt. #, etc.: **22 Winter Garden, FL**      Suite, Apt. #, etc.: **27**  
City & State: **23 34787**      City & State: **28**  
Zip: **24**      Country: **25**      Zip: **29**      Country: **30**

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: \_\_\_\_\_      85 Zip Code: **FL**

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

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

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

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 205~~  
 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