

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

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P26865 (6)

1. Corporation Name
BEST READ GUIDES FRANCHISE CORP.



Principal Place of Business 13312 W. COLONIAL DRIVE SUITE 225 WINTER GARDEN FL 34787 US	Mailing Address 13312 W. COLONIAL DRIVE SUITE 225 WINTER GARDEN FL 34787 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 725 Broad Street Suite, Apt. #, etc. 22	2a. Mailing Address 26 P O Box 936 Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 11/09/1989	4. FEI Number 65-0154480	Applied For <input type="checkbox"/> Not Applicable
23 Augusta Georgia City & State Zip Country 24 30901 25 Richmond 29 30903 30 Richmond	28 Augusta Georgia City & State Zip Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ENGLISH, ROBERT		1.2 NAME W. S. Morris IV	
STREET ADDRESS 13312 W. COLONIAL DRIVE		1.3 STREET ADDRESS 725 Broad St	
CITY-ST-ZIP WINTER GARDEN FL		1.4 CITY-ST-ZIP Augusta GA 30901	
TITLE SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKS, WALTER		2.2 NAME W.A. Herman III	
STREET ADDRESS 13312 W. COLONIAL DRIVE		2.3 STREET ADDRESS 725 Broad St	
CITY-ST-ZIP WINTER GARDEN FL		2.4 CITY-ST-ZIP Augusta GA 30901	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BROOKS, PATRICIA		3.2 NAME	
STREET ADDRESS 13312 W. COLONIAL DRIVE		3.3 STREET ADDRESS	
CITY-ST-ZIP WINTER GARDEN FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SULLIVAN, STEPHEN		4.2 NAME	
STREET ADDRESS 13312 W. COLONIAL DRIVE		4.3 STREET ADDRESS	
CITY-ST-ZIP WINTER GARDEN FL		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ W. A. Herman III Sec/Treas 5/7/98 706 822 2225

CR2E034 (10/97)