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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 14 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

P92000007819 (5)

BY THE BOOK, INC.

Mailing Address Principal Place of Business 2041 N. ATLANTIC AVENUE 2041 N. ATLANTIC AVENUE COCOA BEACH FL 32831 COCOA BEACH FL 32931 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/23/1992 4. FEI Number 2a, Mailing Address Applied For 2. Principal Place of Business Not Applicable <u>59-3156678</u> 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Zio 8. This corporation owes or has paid the current year Intangible Zip Country X Yes □ No Personal Property Tax due June 30. 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 MANGINO, VINCENT M ESQ 1980 N. ATLANITC AVENUE Street Address (P.O. Box Number is Not Acceptable) SUITE 402 R3 COCOA BEACH FL 32931 84 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, typed or printed name of registered agent and official applicable (NOTL: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE D 1.1 TITLE ENGLEHART, PATRICIA NAME 1.2 NAME 127 E. GADSDEN LANE 1.3 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE HAUSMANN, CHRISTINE 2 2 NAME **450 NAISH AVENUE** STREET ADDRESS 2.3 STREET ADDRESS COCOA BEACH FL 32931 2. 4 City - ST- ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE ☐ Change Addition 4.1 TITLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition ■ DELETE 5.1 TITLE TITLE. 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP ☐ Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

Block 12 or Block 13 if changed, or on an attachment with an address.

6.4 CITY-ST-ZIP

14. Thereby 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