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

**PROFIT CORPORATION** ANNUAL REPORT

1998



## Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P93000056001 (9) DOCUMENT #

READ-MOR BOOK DISTRIBUTORS, INC.

## **FILED** Mar 16 1998 8:00am Secretary of State



Principal Plac	ce of Business	Maiting Address		e camicam in unua corii kaisi darii daesi baiki dista diiti baiti dashi ilat ida:	
1515 N. FED	eral hwy	P.O. BOX 3432			
SUITE 300		BOCA RATON FL 33427			
BOCA RATO	N FL 33432			DO NOT WRITE IN THIS SPACE	
				3. Date incorporated or Qualified 08/06/1993	
	Place of Business	2a. Mailing Address		4. FEI Number Applied For	
21/2/1301	POWERWAS RD	26		65-0432184 Not Applicab	le
Suite Apt.	. MARCHS SUTT 31Y	Suite, Apt. #, etc.		5. Certificate of Status Desired Section Fee Required	
City & Stat		City & State		6. Election Campaign Financing \$5.00 May Be	$\neg$
	CA RATION FL	28		Trust Fund Contribution Added to Fees	
Zip > (/	33 25 1/5 A	Z <sub>i</sub> p	Country	8. This corporation owes or has paid the current year Intangible	$\neg$
24 334	33  25   / S A		0	Personal Property Tax due June 30. Yes No	
	9. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent	
MARCUS, LARRY J					ı
1515 N. FEDERAL HWY			62 Street A	Address (P.O. Box Number is Not Acceptable)	$\dashv$
	JITE 300		2/1	301 POWERLINE RD SUITE 312	-
BC	OCA RATON FL 33432		83		
			84 City 3	PL 85 Zip Code	
11. Pursuant to the provisions of Soctions 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 obligators of, Section 607.0505, Florida Statutes.					
SIGNATURE Signature byposite or interd number of region and president all of the displacetable (NOTE: Registered Apent signature required with				required when reinstating)	-
12.	OF LICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE C	PS	☐ DELETE	1.1 TITLE	Change Addition	
NAME	MARCUS, LARRY J		1.2 NAME		ŀ
STREET ADDRESS	1515 N. FEDERAL HWY, SUITE	300	1.3 STREET ADDRESS	VISO, POWERLINE RD, SUITE ZIN	.
CITY-ST-ZIP	BOCA RATON FL 33432		1.4 CITY-ST-ZIP	BOCA RATON FL 33473	- 1
TITLE		☐ DELETE	2.1 TITLE	VIBO, POWERLING RD, ScITE 312 BOCA RATON FL 33473	n
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS	1	- 1
CITY-ST-ZIP			2 4 CITY-ST-ZIP	- 3	ı
TITLE		DELETE	3.1 TITLE	☐ Change ☐ Additio	n
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE	Change Additio	ñ
NAME			4. 2 NAME	·	
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY+ST-ZIP	•	- 1
TITLE		DELETE	5.1 TITLE	Change Additio	ᆔ
NAME			5.2 NAME	· · · · · ·	
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5 4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Additio	爿
NAME			6.2 NAME		"
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP					
שוויםויבוי	L., .,		6.4 CITY - ST - ZIP		- 1

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 teport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of fusite empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an algorithm with an edgess.