

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

**FILED**

**May 01 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

**DOCUMENT # P94000037145 (7)**  
 1. Corporation Name  
**TOM & JERRY'S BOOKS INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>529 TRUMP TOWER SOUTH FLAGLER DR. TH 56 W PALM BEACH FL 33401</b>	Mailing Address <b>9410 ANNAPOLIS RD #200 LANHAM MD 20706 US</b>
---	---

3. Date Incorporated or Qualified  
**05/13/1994**

2. Principal Place of Business 21 <b>206 Clematis Street</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>2824 Solomons Island Rd</b> Suite, Apt. #, etc. 27 <b>Suite 200</b>
City & State 23 <b>West Palm Beach Fla</b>	City & State 28 <b>Edgewater, Md</b>
Zip 24 <b>33401</b>	Country 25 <b>W.P.B.</b>
Zip 29 <b>21037</b>	Country 30 <b>A.A.</b>

4. FEI Number  
**58-2129512**

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 owes or has paid the current year intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CRAFT, THOMAS J JR  
 11000 PROSPERITY FARMS RD  
 SUITE 301  
 PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name <b>c/o Clematis Street Books</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>206 Clematis Street</b>
83
84 City <b>West Palm Beach</b>
85 Zip Code <b>FL 33401</b>

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and the date of signature (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PST</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>Pres., U.P., Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>BLONDER, HARVEY</b>		1.2 NAME <b>Miriam Gulliland</b>	
STREET ADDRESS <b>529 TRUMP TOWER, S. FLAGLER DR TH 5G</b>		1.3 STREET ADDRESS <b>2824 Solomons Island Rd</b>	
CITY-ST-ZIP <b>W PALM BEACH FL 33401</b>		1.4 CITY-ST-ZIP <b>Edgewater, Md 21037</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CRAFT, THOMAS J</b>		2.2 NAME	
STREET ADDRESS <b>11000 PROSPERITY FARMS RD</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL 33410</b>		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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	

**400002509084**  
**-05/04/98--01030--002**  Change  Addition  
**\*\*\*150.00**

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 \_\_\_\_\_

CR2E034 (10/97)