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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000045300 (8)

THE BOOK CORNER, INC.

appears in Block 12 or Block 13 Licha

SIGNATURE:

Principal Place of Business Mailing Address 8966 STATE RD 84 8966 STATE RD 84 DAVIE FL 33324-4457 DAVIE FL 33324 3a. Date of Last Report 3. Date Incorporated or Qualified 06/09/1994 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0495287 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees 23 Country Country Zip 8. This corporation has liability for intaggible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STEWART, MARIE-THERESE 1840 WEST OAKKNOLL CIRCLE Street Address (P.O. Box Number is Not Acceptable) FT. LAUDERDALE FL 33324 83 84 City 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. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition TILE 1.1 TITLE STEWART, MARIE-THERESE NAME 1.2 NAME 1840 WEST OAKKNOLL CIRCLE STREET ADDRESS 1.3 STREET ADDRESS FT. LAUDERDALE FL 33324 1.4 CITY-ST-ZIP CITY - ST - 20 DELETE Change Addition 101.6 2.1 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS CITY - ST - 7/F 2.4 CITY-ST-2IP DELETE Change Addition TILLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CHTY - S1 - 24P Addition DELETE Change THE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CCTY - ST - ZIP DELETE Change Addition THUS 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE THEE 6.2 NAME NAM: **6.3 STREET ADDRESS** STREET ADDRESS C(1Y+S1+7)P 6.4 CITY-ST-ZIP

14. I do 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 corposition or the receiver or drustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name