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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400062655 (3)

READING ENTERPRISES, INC.

FILED 97 MAY 16 PM 4: 00

SECRETARY OF STATE	
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Principal Place of Business Mailing Address			SS				r implinat und ideut glott sohit detti abut batin detti disti tinge selet diziti diti febt			
4421 ROCK SPRINGS ROAD APOPKA FL 32712 US			525 BISON CIRCLE APOPKA FL 32712-3868 IIS			*				
							3. Date incorporated or Qualified 08/22/1994	3a. Date o		port
_	ace of Business	26. Mailing Ad	dress				4. FEI Number		Apr	otied For
21		26					59-3267852			Applicable
Sulte, Apt.	#, etc.	Suite, Apt.	#, etc.				5. Certificate of Status Desired		8 8.75 ∧	
22		27							Fee Red	<u></u>
City & State		<u>}</u> `	City & State				6. Election Campaign Financing		\$5.00	
Zip	Country	28 Zip		Oount			Trust Fund Contribution	<u> </u>	Added to	
		 -1	-		, y		8. This corporation has liability for in Florida Statutes	itangible tax Yes ☐ N		199.032,
24	9. Name and Address of Cur	rent Registered Agen		101			10. Name and Address of New Reg			
DP4				8	ã1"	Name	10			
	DING, MICHAEL T									
	BISON CIRCLE			8	2	Street Add	ddress (P.O. Box Number is Not Acceptable)			
APU	PKA FL 32712			8	3					
				٦						
				8	4	City		FL	5 Zip C	ode
11. Pursuant to office or re	to the provisions of Sections 607, egistered agent, or both, in the Si	0502 and 607.1508, Flo	orida Statutes ange was au	s, the about	LL ive-i by t	named corp he corpora	poration submits this statement for the pution's board of directors. I hereby accept	rnose of ch.	anging its ment as r	registered registered
-	Gardo Do	A A	,0000, 11011	da Glatot	US.		~/	2/97		
SIGNATURE	Signature, typed or printed name of registered	Lagent and title if apply a lie.	(NOTE	Figistered A	gent	Bignature requi	ired when reinstating)	DATE		
12.	OFFICERS	AND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE	ERS AND DI	RECTORS	S IN 12
TITLE	P		DELETE	1.1 101.6	-				Change	Addition
NAME	READING, MICHAEL T			1.2 NAM	E					
STREET ADDRESS	525 BISON CIRCLE			1.3 STRE	ET AI	DORESS				
CITY-ST-ZIP	APOPKA FL 32712			1.4 CITY	-ST-	ZIP				
TITLE	ŚT		DELFTE	2.1 1111.0					Change	Addition
NAME	READING, CAROLE M			2.2 NAM	ſ.		1000021 -05/2 <u>0/</u> 3	845	$\mathbf{Q1}_{1}$	0
STREET ADDRESS	525 BISON CIRCLE			2.3 STRE	ET A	DDRESS	-05/20/	97~-010	117(312
CITY-ST-ZIP	APOPKA FL 32712			2. # CiTY	/- S1 -	- ZIP	****550	J.[]U #	米米半っと	50.00
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NAME				3.2 NAM	£					Î
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CITY-ST-ZIP				3.4. CITY	/ <u>-</u> \$1-	- 2IP		_		
TITLE			DELETE	4.1 TELE					Change	Addition
NAME				4. 2 NAM	ŧF					
STREET ADDRESS				4.3 S1RE	eT Al	DORESS				ļ
CITY-ST-ZIP				4.4 CITY	- 51-	ZIP			Δ	
TITLE			DELETE	5.1 701.6			A		C) ange	/ Addition
NAME				5.2,NAM	£		/ f2	¶](.\∩'	γι .	
STREET ADDRESS				5.3 STRE	£1 AC	DDRESS	li F	¹\/\Λ	/	
CITY-ST-ZIP				5.4[GITY	- 51 -	ZIP	<i>\\\\</i> \.	M)(`		-
TITLE			DELETE	61 174.6					Change	Addition
NAME	. •			62 NAM	!E					
STREET ADDRESS				6.3,STRE	ET AI	DDRESS				
CITY-SI-ZIP	•			64 CITY						
	by certify that the information supp	oliod with this filion don	not ouglifu				d in Section 119 07(3)(i) Florida Statutes	I further co	rtify that t	ho

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 eath; 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 3 if changed, or on an attachment with an address.

MIDIAL WEST HILLS

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5/2/97 401-58