## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

101

DOCUMENT # F	94000087605 (9)	
WALLACE'S BOOK STO	RE (PALM BEACH), INC.	
Principal Place of Business	Mailing Address	
4900 CONGRESS AVE	P.O. BOX 11518	

2. Principal Place of Business 2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  ATTN: BILL HAINSWORTH LEXINGTON KY  2a. Mailing Address 2b. Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State	<ul> <li>3. Date Incorporated or Qualified 12/01/1994</li> <li>4. FEI Number 65-0467629</li> <li>5. Certificate of Status Desired</li> <li>6. Election Campaign Financing</li> </ul>	<u> </u>	ast Report //1995 Applied For Not Applicat
26 Suite, Apt. #, etc. Suite, Apt. #, etc. 27	65-0467629  5. Certificate of Status Desired	<u> </u>	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		\$	1400 / doblings
and a first	6. Election Campaign Financing		8.75 Additional Fee Required
	Trust Fund Contribution		5.00 May Be Added to Fees
Zip Country Zip Country	This corporation has liability for in Florida Statutes	□ No	
24 25 29 30 30 30 30 30 30 30 30 30 30 30 30 30	10. Name and Address of New Ro	egistered Age	nt
81 Name			
	ss (P.O. Box Number is Not Acceptabl	le)	
4200 CONGRESS AVE. LAKE WORTH FL 33461			
		8	5 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-named corporation registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of Florida Such change was authorized by the corporation's board.			-   '
SIGNATURE Signature, typod or printed name of registered agent and fire 1 applicables  (NOTS: Registered Agent signature required with a policy of the control of the contr		DATE	
12. OFFICERS AND DIRECTORS 13.			hange 🔲 Addilio
NAME JENNELLE, CLISBY 1.2 NAME			
STREET ADDRESS 928 NANDINO BLVD. 1.3 STREET ADDRESS			
CITY-SI-ZIP LEXINGTON KY 40576 1.4 CITY-SI-ZIP			hange
THE EXP DELETE 2 1 THE 22 NAME			aa.
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STREET ADDRESS 928 NANDINO BLVD.  DITY-ST-ZIP LEXINGTON KY 40576 24 CITY-ST-ZIP			
TITLE DELETE 3 1 TITLE			Change 🔲 Additi
NAME 3.2 NAME			
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CITY-ST-ZIP 34 CITY-ST-ZIP		רחו	Change Additi
TITLE		LJ '	
NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS			
44 C/V CT 7/D			
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NAME 52 NAME			
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NAME 6.2 NAME			
STREET ADDRESS 63 STREET ADDRESS			
CITY-ST-ZIP  64 CITY-ST-ZIP  14 Lido hereby codify that the information supplied with this filing is voluntarily furnished and does not qualify for			

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 trusted 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OF FIDER OF DIRECTOR

William L. Hainsworth

606 254-8861