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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000087605 (9)

WALLACE'S BOOK STORE (PALM BEACH), INC.

FILED
May 06 1997 8:00am
Secretary of State

•								
Principal Place of Business		Mailing Address						
4200 CONGRESS AVE. LAKE WORTH FL 33461-4796		P.O. BOX 11518 ATTN: BILL HAINSWORTH LEXINGTON KY 40576-1518						
					3. Date Incorporated or Qualifi 12/01/1994		Pate of Last R /01/1996	eport
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	~····		oplied For
21		26			65-0467629		No	ot Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75	
22		27			G. Continuation of Glades Desired		Fee Re	guired
City & State		City & State		Election Campaign Financin Trust Fund Contribution	g 🗆	\$5.00 Added 1		
Zip	Country	Zip	Zip Country		8. This corporation has liability	for intangible	e tax under s	199.032,
24	25	29	30		Florida Statutes	Yes		
	9. Name and Address of Curre	nt Registered Agent	<u>-</u> -[10. Name and Address of New	Registered	Agent	
FULI	MER, JOE			81 Name				
4200 CONGRESS AVE.				82 Street Addr	ress (P.O. Box Number is Not Acce	ptable)		
LAKE WORTH FL 33461								
			-	83				
				84 City		FL	85 Zip (Code
11. Pursuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statut	es the at	yove-named corr	poration submits this statement for t		of changing it	ts ronistered
office of r	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida, Such change was	authorized	by the corporat	lion's board of directors. I hereby a	ccept the ap	pointment as	registered
	on lamiliar with, and accept the oblig	jadons of, Section 607.0000, Pi	onua stati	utes.				
SIGNATURE	Signature, typed or printed name of registered ag	jen) and tillo if applicable. (NOT	L: Flogistéres	Agent signature requir	ed when reinstating)	DATE		
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTOR	₹S IN 12
TALE	P	☐ DELF1E	1.1 10	LF			Спапре	Addition
NAME	JENNELLE, CLISBY		1.2 NA	ME				
STREET ADDRESS	928 NANDINO BLVD.		. 1.3 STREET ADDRES					
CITY-ST-ZIP			14,CI	IY-S1-ZIP				
TITLE	EXVP			LE			Change	Addition
NAME	HAINSWORTH, WILLIAM L		2.2 NA	ME				
STREET ADDRESS	928 NANDINO BLVD.		2.3 \$1	REET ADDRESS				
CITY-ST-ZIP	LEXINGTON KY 40576			1Y - ST - ZIP		<u> </u>		
TITLE		DELETE	3.1 1(1	1			L Change	Addition
NAME	•		3.2-NA	•				
STREET ADDRESS			3.3 \$1	REET ADDRESS				
CITY-ST-ZIP		Dorute		TY-ST-7IP				TT Addition
TITLE		☐ DELE1E	4.1111)			Change	L Addition
NAME OTOTET ADDRESS			4 2 N					
STREET ADDRESS				HEET ADDRESS				
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CH 5.1 TH	IY-ST-ZIP			Change	Addition
NAME	1	- Detect	5.1 MA				☐ Annuðs	CT ROUTION
STREET ADDRESS				REET ADORESS				
1								
CITY-ST-ZIP TITLE		DELETE	6.1 TH	1Y-ST-7IP			Change	Addition
NAME			6.2 NA					
STREET ADDRESS				REE1 ADDRESS				l
CITY ST. 7IP				IV. CT. 7IP				

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 eath; that I am an officer or director of the corporation or in the receive or truetce empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 120 if Block 120 if changed, or or and tracking in with an address.

IGNATURE \$ 100 254 8861