

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

FILED

May 15 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000094043 (3)

1. Corporation Name  
READ COMPANY, INC.



Principal Place of Business  
16624 ROYAL POINCIANA DR.  
FT. LAUDERDALE FL 33326

Mailing Address  
16624 ROYAL POINCIANA DR.  
FT. LAUDERDALE FL 33326-1752

3. Date Incorporated or Qualified  
12/12/1995  
3a. Date of Last Report  
02/20/1996

2. Principal Place of Business  
21 12800 SW 33rd DR.  
Suite, Apt. #, etc.  
22  
City & State  
23 DAVIE FL  
Zip Country  
24 33330 25 USA  
2a. Mailing Address  
26 12800 SW 33rd DR  
Suite, Apt. #, etc.  
27  
City & State  
28 DAVIE FL  
Zip Country  
29 33330 30 USA

4. FEI Number  
NOT APPLICABLE  
Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

READ, HASTINGS P  
16624 ROYAL POINCIANA DR.  
FT. LAUDERDALE FL 33326

10. Name and Address of New Registered Agent

81 Name  
READ, HASTINGS P  
82 Street Address (P.O. Box Number is Not Acceptable)  
12800 SW 33rd DR  
83  
84 City  
DAVIE FL 85 Zip Code  
33330

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  
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	READ, HASTINGS P	
STREET ADDRESS	16624 ROYAL POINCIANA DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33326	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	READ, F. ANNE	
STREET ADDRESS	16624 ROYAL POINCIANA DR.	
CITY - ST - ZIP	FT. LAUDERDALE FL 33326	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	READ, HASTINGS P	
1.3 STREET ADDRESS	12800 SW 33rd DR	
1.4 CITY - ST - ZIP	DAVIE, FL 33330	
2.1 TITLE	DS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	READ, F. ANNE	
2.3 STREET ADDRESS	12800 SW 33rd DR	
2.4 CITY - ST - ZIP	DAVIE FL 33330	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/97

Date

954/349-0440

Daytime Phone #

0268800

CR2E034 (9/96)