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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 17 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9600031150 (1)

STORYBOOK PUBLISHING, INC.

Principal Place of Business		Mailing Address		- I TERRITER IN THE COURSE WITH BRITTE ENTIRE OFFICE OFFICE OFFICE AND A COURSE OF THE SECOND OFFICE OF THE SECOND
18141 SW 27TH ST MIRAMAR FL 33029		PO BOX 820813 SOUTH FLORIDA FL 330	<b>182-09</b> 13	
				3. Date Incorporated or Qualified 3a. Date of Last Report 04/04/1996
2. Principal Place of Business		2a. Maiting Address		4. FEI Number Applied For   Applied For   Not Applied blo
21		26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State		City & State		6. Flection Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032,
24	25	[29]	30	Florida Statutes X Yes No
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registered Agent
	TIN E. SEGAL, P.A.		81 Name	
	LEJEUNE ROAD		82 Street Add	ress (P.O. Box Number is Not Acceptable)
	E 1101		83	
CON	IAL GABLES FL 33134			
			84 City	FL 85 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.				
SIGNATURE	Signature, typical or printed natice of registered again	t and title if applicable (N	OTE Begistered Agent's gnature requ	red when re estating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	President	☐ DECETE	1,1 TILLE	] Change Addition
NAME	Ruth S. Segal		1.2 NAME	
STREET ADDRESS	18141 SW 27 Stre		1.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		1029.	1.4 CITY - ST - ZIP 2.1 TITLE	Change Addition
NAME	V. President	<del></del>	2.2 NAME	La state
STREET ADDRESS	Peter N. Goldman 18141 SW 27 Stre		2.3 STREET ADDRESS	
City-St-zip	Miramar, Fl. 33	:020	2. 4 City - ST - Ziệ	
TITLE		DELETE	3 1 TrillE	Change Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		T and	3.4. CITY- \$1- ZIP	
TITLE		L_J DELETE	4 1 Inte	Change Add-tion
NAME			4 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY+ST-ZIP TITLE		OFLETE	4.4 CHY-S1-7IP 5.1 TILE	Change Addition
NAME		E.3 (100 to	5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY - \$1 - 717	
TITLE	(*************************************	DELFTE	61 11TLF	Change Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY+ST-ZIP			6 4 CHY+ S1 - Z(P	
				d in Section 119.07(3)(i), Florida Statutes. I further certify that the t my signature shall have the same legal effect as if made under eath; tha
l am an oi		he receivar or trustee empe	swered to execute this repor	rt as required by Chapter 607, Florida Statutes, and that my name

SIGNATURE: X R. J. J. Ruth S. Segal, Pres. 3-11-97 954-450-8460