

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90107 024 ***158.75

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P97000031635

1. Corporation Name
OUR DAILY BREAD BOOK STORES INC



Principal Place of Business
 1800 N ANDREWS AVE., 7-K
 FORT LAUDERDALE FL 33311

Mailing Address
 1800 N ANDREWS AVE., 7-K
 FORT LAUDERDALE FL 33311

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

3. Date Incorporated or Qualified
04/08/1997

4. FEI Number
65-0742585

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
SANDHOLZER, GILBERT E
1800 NORTH ANDREWS AVE.
STE. 7K
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	VICE President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SANDHOLZER, GILBERT E II	1.2 NAME	William Felix
STREET ADDRESS	1800 N ANDREWS AVE., 7-K	1.3 STREET ADDRESS	1800 North Andrews Ave 7K
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	1.4 CITY-ST-ZIP	FT. Lauderdale FL 33311
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERVE BEARLIEU	2.2 NAME	
STREET ADDRESS	1800 N ANDREWS AVE., 7-K	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL A SANDHOLZER	3.2 NAME	
STREET ADDRESS	11 CROSSINGS CIRCLES., APT E	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33435	3.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AMY C JONES	4.2 NAME	
STREET ADDRESS	11 KIRKBY TRL	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRPORT NY 14450	4.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TESS SANDHOLZER	5.2 NAME	
STREET ADDRESS	6419 BIRCH LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL J VERMILYA,	6.2 NAME	
STREET ADDRESS	1800 N ANDREWS AVE., 7-K	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33311	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Gilbert E. Sandholzer DATE: 1-11-99 DAYTIME PHONE #: 954-767-9667

CR2E034 (11/98)