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

officer or director of the corporation Block 12 or Block 13 if changed,

PROFIT FILED FLORIDA DEPARTMENTOE STATE **CORPORATION** Sandra B. Mortham Jun 02 1998 8:00 am ANNUAL REPORT Secretary of State Secretary of State **19**98 DIVISION OF CORPORATIONS DOCUMENT # P470000 74834 READING CLUBING. MAGAZINE Principal Place of Business Mailing Address 2000 Banks Rd # 220 2000 Bunks Rd #220 DO NOT WRITE IN THIS SPACE MARGATE PL 33063 MARGATE FL 33063 3. Date Incorporated or Qualified 8 | 28/97 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0777369 Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 City & State City & State 6, Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Žφ Zip Country Country 8. This corporation owes or has paid the current year Intangible **Æ** Yes 24 30 Personal Property Tax due June 30. 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Harvey L Rubinchik Street Address (P.O. Box Number is Not Acceptable) 1776 N Fine Island Rd + 118 83 Plantation FL 33322 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or a unted harde of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition 1.1 TITLE TITLE NAME 1.2 NAME Dun Nolan 2000 Bunks, Rd 4220 STREET ADDRESS 1.3 STREET ADDRESS MARGATE FL 33063 14 CITY - ST - 7/P CITY-ST-ZIP DELETE Change Addition TITLE 21 HJLF 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Addition Change TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP __ DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP Change DELETE TITLE 5.1 TITLE 200002559742° 5.2 NAME NAME -06/08/98--01034--021 5.3 STREET ADDRESS STREET ADDRESS ***158.75 CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6.1 TITLE TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - ST - ZI in stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information my signature shall have the same logal effect as if made under oath; that I am an out as equired by Chapter 607, Florida Statutes; and that my name appears in 14. Thereby certify that the information supplied with this filling does not qualify for the exemption indicated on this annual report or supplemental annual report is true and accurate and that

(10/97