


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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000082644  
1. Corporation Name

Tampa Triangle Book Co.

Principal Place of Business Mailing Address

Tampa Triangle Books  
6045 Dartmouth Ave. N.  
St. Petersburg, FL 33710  
(813) 343-6702

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Date Incorporated or Qualified September 22, 1997	
21. Suite, Apt. #, etc.	26. Mailing Address	4. FEI Number 59-3475355	Applied For Not Applicable
22. City & State	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Country	29. Zip	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25. Country	30. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Susan B Miller  
6045 DARTMOUTH AVE N  
St. Petersburg, FL 33710

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 \_\_\_\_\_ (Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan B. Miller	1.2 NAME	
STREET ADDRESS	6045 DARTMOUTH AVE N	1.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33710	1.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan B. Miller	2.2 NAME	
STREET ADDRESS	6045 DARTMOUTH AVE N	2.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33710	2.4 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Susan B. Miller	3.2 NAME	
STREET ADDRESS	6045 DARTMOUTH AVE N	3.3 STREET ADDRESS	
CITY-ST-ZIP	St. Petersburg FL 33710	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or on any attachment to this address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-A (813) 343-6702

CR2E034 (10/97)