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

PROFIT CORPORATION **ANNUAL REPORT**

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9800005506

WORLD OF PAPERBACKS, INC.

Principal Place of busin	162
3185 CUSTER AVENUE	•
OTOS ODSTETT THERE	

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90091 021 ***158.75



	•								
Principal Place	of Business	Mailing Address				ן וועסט ווועס ווועט וועסט וענטן נעוען עווען אוועט אוועסט וויעס וועסט וועסט וועסט וועסט וועסט וועסט וועסט וועסט אוועסט אוועסט ווועסט ווועס וועסט	ASII DOLDI DIIBI BI	181 8,0 81 0 0 711 1901	
3185 CUSTER AVENUE LAKE WORTH FL 33467 3185 CUSTER AVENUE LAKE WORTH FL 33467						DO NOT WRITE IN THIS SPACE			
	•					3. Date Incorporated or Qualifed			
						01/16/1998			
2. Principal Place of Business 2a. Mailing Address						4. FEI Number A		Applied For	
21		26				65-0811983		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional Required	
City & State City & State 28					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip	Cou	ıntry		8. This corporation owes the current year			
24	25	29	30			Personal Property Tax.	☐ Yes	₩0	
	9. Name and Address of Currer	nt Registered Agent		 a r .		10. Name and Address of New Register	ed Agent		
				81 1	Name	•			
	RARA, FRANK			82 5	Street Addres	ss (P.O. Box Number is Not Acceptable)			
	CUSTER AVENUE						_		
LAKE	WORTH FL 33467			83					
				84 (City		- 85 Zi	p Code	
				$oldsymbol{ol}}}}}}}}}}}}}}}}}}$			=L	ita us sistema d	
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida, Such change was i	autnonzed	a ov ine	amed corpor e corporation	ration submits this statement for the purposities board of directors. I hereby accept the appropriate the submit of the submit o	pointment as	registered	
SIGNATURE						when reinstating) DATE			
	Signature, typed or printed name of registered age			Agent sig	gnature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS		TORS IN 12	
12.		ND DIRECTORS	13.	m £	T	ADDITIONS/GNANGEO TO GIT IDEIX	☐ Chang		
TITLE	D CODADA EDANK	C) DESC. 2	1.2 N						
NAME	FERRARA, FRANK			TREET AD	NDESS	•		}	
STREET ADDRESS	3185 CUSTER AVENUE			ITY-ST-Z					
CITY-ST-ZIP	LAKE WORTH FL 33467	DELETE	2.1 TI		<u> </u>	<u> </u>	Chang	ge Addition	
TITLE	D VOLANDA	C) 5655.12	2.2 N					}	
NAME	FERRARA, YOLANDA			TREET AD	YODESS			1	
STREET ADDRESS	3185 CUSTER AVENUE			TY-ST-Z		• · ·			
CITY-ST-ZIP	LAKE WORTH FL 33467	☐ DELETE	3.1 TI		LIF .		Chang	ge	
TITLE NAME			3.2 N		1				
STREET ADDRESS			1	TREET AL	DDRESS				
	÷ ,			XTY-ST-Z			÷		
CITY-ST-ZIP TITLE	<u> </u>	☐ DELETE	4.1 T				Chang	ge Addition	
NAME			4.21	IAME					
STREET ADDRESS	• '		4.3 S	TREET AL	ODRESS			Ĭ	
CITY-ST-ZIP			4.4 C	ITY-\$T-Z	ıp İ				
TITLE	<u> </u>	☐ DELETE	5.1 ∏				Chang	ge Addition	
NAME			5.2 N	AME				ł	
STREET ADDRESS	-		5.3 S	TREET AL	DORESS				
CITY-ST-ZIP			5.4 C	TY-ST-Z	UP _		,		
TITLE		☐ DELETE	6.1 1	MLE			☐ Chang	ge	
NAME			6.2 N	IAME					
STREET ADDRESS	· · ·		6.3 S	TREET AL	ODRESS			ļ	
CITY-ST-ZIP			6.4 C	ITY-ST-Z	DP P				

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 repirt 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 compration 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:

VSIGERATIZETERA (ASED)

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

S61-252-350C