



AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999		 		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS																																		
DOCUMENT # P98000011464 ✓ 1. Corporation Name BOOKS AUDIO VIDEO AND MORE, INC.																																						
Principal Place of Business 11261 NW 16 COURT PEMBROKE PINES FL 33026			Mailing Address 11261 NW 16 COURT PEMBROKE PINES FL 33026																																			
DO NOT WRITE IN THIS SPACE																																						
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country			3. Date Incorporated or Qualified 02/03/1998 4. FEI Number 65-0814317 Applied For <input type="checkbox"/> Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Trust Fund Contribution <input type="checkbox"/> 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No																																			
9. Name and Address of Current Registered Agent COLEY, DAVID G 3600 HIGH PINE DRIVE CORAL SPRINGS FL 33065			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																						
12. OFFICERS AND DIRECTORS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">TITLE</td> <td style="width: 45%;">NAME</td> <td style="width: 50%;">STREET ADDRESS</td> <td style="width: 10%;">CITY-STATE-ZIP</td> <td style="width: 10%; text-align: center;">DELETE</td> </tr> <tr> <td></td> <td>PRES</td> <td>DAVID G Coley</td> <td>3600 High Pine Dr</td> <td></td> </tr> <tr> <td></td> <td></td> <td>CORAL SPRINGS</td> <td>FL 33065</td> <td></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-STATE-ZIP	DELETE		PRES	DAVID G Coley	3600 High Pine Dr				CORAL SPRINGS	FL 33065		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 5%;">1.1 TITLE</td> <td style="width: 45%;">1.2 NAME</td> <td style="width: 50%;">1.3 STREET ADDRESS</td> <td style="width: 10%;">1.4 CITY-STATE-ZIP</td> <td style="width: 10%; text-align: center;">Change</td> <td style="width: 10%; text-align: center;">Addition</td> </tr> <tr> <td></td> <td>Vice Pres</td> <td>maureen Kelly</td> <td>11261 NW 16 CT</td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td>Pembroke Pines</td> <td>FL 33026</td> <td></td> <td></td> </tr> </table>			1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-STATE-ZIP	Change	Addition		Vice Pres	maureen Kelly	11261 NW 16 CT					Pembroke Pines	FL 33026		
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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.																																						
SIGNATURE: _____ SIGNATURE REQUIRED 7/12/99 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																						

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90233 026 ***150.00



CR2E034 (5/99)