

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

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FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90153 046 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000015770

1. Corporation Name
AMERICAN BOOKS INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1455 TALLEAST RD. SARASOTA FL 34243	Mailing Address 1455 TALLEAST RD. SARASOTA FL 34243
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3. Date Incorporated or Qualified 02/17/1998	4. FEI Number 65-0839568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

9. Name and Address of Current Registered Agent WOLFE, LARRY 200-A JOHN KNOX RD. TALLAHASSEE FL 32303-6643	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
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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: TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, PHILLIP	2: NAME	
STREET ADDRESS	1455 TALLEAST RD.	3: STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34243	4: CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2:2 NAME	
STREET ADDRESS		2:3 STREET ADDRESS	
CITY-ST-ZIP		2:4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3:1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3:2 NAME	
STREET ADDRESS		3:3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Phillip Brown *Phillip Brown* March 16, 1999 (305) 418-7556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)