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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998 DOCUMENT # S63831

(9)

BOOK WAREHOUSE OF WEST PALM BEACH, INC.

Apr 27 1998 8:00am Secretary of State

FILED



Principal Place of Business Mailing Address								
5700 OKEECHOBEE BLVD 142 WEST END AVENUE								
UNIT 1-D KNOXVILLE TN 378								
WEST PALM BEACH FL 33417 US					DO NOT WRITE IN	THIS SPACE		
					 Date Incorporated or Qualified 06/27/1991 			
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	A	pplied For	
21 26					65-0201049	N N	lot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.					Contitions of Chat is Desired	\$8.75	Additional	
27					5. Certificate of Status Desired	Fee F	Required	
City & State City & State					6. Election Campaign Financing	\$5.00	May Be	
23	28				Trust Fund Contribution		to Fees	
Zip Country	Zip	rip Country			8. This corporation owes or has paid t	he current year Ir	ntangible	
24 25	29	30			Personal Property Tax due June 30	. 🗶 Yes	□ No	
9. Name and Address of Current	Registered Agent				10. Name and Address of New Regis	tered Agent		
C T CORPORATION SYSTEM		1	B1 Nar	me				
1200 SOUTH PINE ISLAND ROAD		-	PA Ctre	oot Addro	os (D.O. Boy Number is Not Assentable)			
PLANTATION FL 33324		1	82 Street Address (P.O. Box Number is Not Acceptable)			ŀ		
I MARTINIALL I P. AAAP 1		ŀ	B3			**		
		L						
			B4 City	У		FL 85 Zip	Code	
44 Purposet to the provisions of Sections 607.0503	and 607 1508 Florida Statu	las the ah	ove-nam	and corpo	ration submits this statement for the pure		its registered	
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State of the section of the se	of Florida Such change was	authorized	by the	corporatio	n's board of directors. I hereby accept the	ne appointment a	s registered	
agent. I am familiar with, and accept the obliga	lions of, Section 607.05 0 5, F	iorida Statu	nes.					
SIGNATURE Signature, lyred or printed name of registered agen	All All Annual All All All All All All All All All A	11 - Panetored	Apont sign	ahiro rozi iroz	when reinstating)	DATE		
12. OFFICERS AND		13.	Agent aign	aruse required	ADDITIONS/CHANGES TO OFFICER		RS IN 12	
TITLE D	DELETE	1.1 TIT	E	T	7.0017.017.017.017.017.017.017.017.017.0	Change	Addition	
NAME WINEGARDNER, DEAN	W ,	1.2 N		- 1		,		
AAAA DIWED WAVEN DOINT			VIL BEET ADDRE	·ce				
MAIOVALLE THE 27022				33			+	
OH TOTAL	DELETE	2.1 TIT	Y-ST-ZIP			Change	Addition	
BDOOKS DONALD A	DELETE			P D	l	ж.		
4000 LINE UNITON DAD		2.2 NAME 2.3 STREET ADDRI		ROI	NALD A. BROOKS			
MAIOVABLE TAL 97099				^{:ss} 142	WEST END AVENUE			
0111-01-211	DOLLETE		Y-ST-ZIP	KNO	XVILLE, TN 37922	Change	Addition	
TITLE	L DELETE	3.1 TIT			•	Change	LJ KOGIIION	
NAME		3.2 NAI						
STREET ADDRESS			REET ADORE	SS			Į	
CITY-ST-ZIP			Y-ST-ZIP				N America	
TITLE	☐ DELETE	4.1 111		s		Change	Addition	
NAME		4. 2 N ⁴	ME	JAI	NA HUDDLESTON			
STREET ADDRESS		4.3 STF	REET ADDRE	SS 1.	42 WEST END AVENUE			
CITY-ST-ZIP		4.4 CIT	Y · ST - ZIP		DXVILLE, TN 37922			
TITLE	☐ DELETE	5.1 TiT	ι€		,	Change	L_ Addition	
NAME		5.2 NA	ME	-				
SYREET ADDRESS		5.3 \$18	REET ADDRE	ESS				
CITY-ST-ZIP		5.4 CIT	Y-ST-ZIP					
TITLE	DELETE	61 TIT	ιE			Change	☐ Addition	
NAME		6.2 NA	ME					
STREET ADDRESS			REET ADDRE	ss				
CITY-SI-ZIP			Y - ST - ZIP	- [
UIII TOITEN		0 7 011	. 01 211		ection 119.07(3)(i), Florida Statutes. I fur			

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 at officer or director of the corporation of the receiver or trusted unpowered 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.

RONALD A. BROOKS

4/16/98 423 675 7050