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PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V22918

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BOOK WAREHOUSE OF ELLENTON, INC.

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Secretary of	of State



Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. State Status Desired Fee Required
2. Principal Place of Business 2e. Mailing Address 4. FEI Number 06-1475942 Not A 21 28 Suite, Apt #, etc. 5. Certificate of Status Desired \$8.75 Add 22 27 27 City & State 6. Election Campaign Financing \$5.00 mm 23 26 30 50 50 24 25 29 30 50 25 20 30 50 26 City & State 6. Election Campaign Financing \$5.00 mm 26 Trust Fund Contribution 40 27 Country 27 Country 27 Country 28 Trust Fund Contribution 40 28 29 30 50 Trust Fund Contribution 40 29 20 30 50 20 10 Name and Address of New Registered Agent 10 20 Street Address (P.O. Box Number is Not Acceptable) 21 Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purcose of changing its reagent 1 am ferniture with, and accept the obligations of. Section 607.0505, Florida Statutes. 22 Street Address (P.O. Box Number is Not Acceptable) 23 Street Address (P.O. Box Number is Not Acceptable) 24 City FL 85 Zip Coc 25 Street Address (P.O. Box Number is Not Acceptable) 26 City FL 85 Zip Coc 27 Street Address (P.O. Box Number is Not Acceptable) 28 Street Address (P.O. Box Number is Not Acceptable) 29 Street Address (P.O. Box Number is Not Acceptable) 20 City FL 85 Zip Coc 20 City FL 85 Zip Coc 21 Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purcose of changing its reagent 1 am fermiliar with, and accept the obligations of, Section 607.0505, Florida Statutes 21 Pursuant to the provisions of Sections 607.0502 and 607 1508, Florida Statutes 22 Street Address (P.O. Box Number is Not Acceptable) 23 City FL 85 Zip Coc 24 City FL 85 Zip Coc 25 City FL 85 Zip Coc 26 City FL 85 Zip Coc 27 City FL 85 Zip Coc 28 City FL 85 Z
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24 25 29 30 Personal Property Tax due June 30. 2 Yes No. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 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 recoffice 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 regardent and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and like it applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TITLE NAME NAME SIREET ADDRESS CITY-ST-ZIP KNOXYILLE TN 37922 LOCATION SIGNATURE IN STREET ADDRESS CITY-ST-ZIP NAME NOXYILLE TN 37922
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C T CORPORATION SYSTEM 1200 SOUTH PNE ISLAND ROAD PLANTATION FL 33324 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Cod Office or registered agent, or both, in the State of Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, and femilitar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and tills diapplicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS INTITULE NAME NAME SIREET ADDRESS CITY-ST-ZIP NOXYILLE TN 37922 14 CITY-ST-ZIP
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4. I hereby certify that the information supplied with this filling 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 of 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.

RONALD A

4/16/98

. BROOKS

423-675-7958