

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

**FILED**  
**May 15 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # F93000002441 (4)**

1. Corporation Name  
**NATIONAL BOOK WAREHOUSES, INC.**



Principal Place of Business Mailing Address  
**1375 JERSEY AVENUE NO. BRUNSWICK NJ 08902 US** **1375 JERSEY AVENUE NO. BRUNSWICK NJ 08902-1621 US**

3. Date Incorporated or Qualified **05/25/1993** 3a. Date of Last Report **02/05/1996**  
 4. FEI Number **62-1403402** Applied For Not Applicable  
 5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
 21 **NATIONAL MERCHANTS** 26 Suite, Apt. #, etc.  
 22 **1375 JERSEY AVE.** 27 **SAME**  
 City & State City & State  
 23 **NO. BRUNSWICK** 28  
 Zip Country Zip Country  
 24 **NJ** 25 **USA** 29 30

9. Name and Address of Current Registered Agent  
**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable) **SAME**  
 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SMITH, TERRY</b>	
STREET ADDRESS	<b>382 HOLLY DR.</b>	
CITY-ST-ZIP	<b>WYCKOFF NJ</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FALCONE, RICHARD</b>	
STREET ADDRESS	<b>1375 JERSEY AVE</b>	
CITY-ST-ZIP	<b>NO. BRUNSWICK NJ</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>NANCY LUBIN</b>	
STREET ADDRESS	<b>1375 JERSEY AVE.</b>	
CITY-ST-ZIP	<b>NO. BRUNSWICK, NJ 08902</b>	
TITLE	<b>PRESIDENT</b>	<input type="checkbox"/> DELETE
NAME	<b>DAVID HINKLE</b>	
STREET ADDRESS	<b>5915 CASEY DR.</b>	
CITY-ST-ZIP	<b>KNOXVILLE, TN 37909</b>	
TITLE	<b>VP OF HR</b>	<input type="checkbox"/> DELETE
NAME	<b>RAY BROWN</b>	
STREET ADDRESS	<b>1375 JERSEY AVE.</b>	
CITY-ST-ZIP	<b>NO. BRUNSWICK, NJ 08902</b>	
TITLE	<b>MICHAEL MINKEY</b>	<input type="checkbox"/> DELETE
NAME	<b>5915 CASEY DR.</b>	
STREET ADDRESS	<b>KNOXVILLE, TN 08902</b>	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 OF CURRENT

CR2E034 (9/96)