

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morgan
Secretary of State
TRENTON, N.J. HERBIVORES

APPROVED
AND
FILED

DOCUMENT # P94000022284 (1)

1. Corporation Name

RUSTY RECORDS, INC.

2. Present Place of Business

1909 DEKLE AVENUE, APT. E
TAMPA FL 33606

3. Mailing Address

1909 DEKLE AVENUE, APT. E
TAMPA FL 33606

05/17/95 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified 3a. Date of Last Report
03/17/1994

4. FEI Number 5. Applied For
 Not Applicable

5. Certificate of Status Desired 6. \$8.75 Additional
 Fee Required

6. Election Campaign Financing
Trust Fund Contribution 7. \$5.00 May Be
 Added to Fees

8. This corporation has been incorporated under Florida Statutes
 Yes

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number if Not Applicable)

508 W Reynolds St

83.

84. City

FL Zip Code
Plant City 33566

11a. I, the undersigned officer of the corporation named in Item 1 above, Florida Statutes, the officer named in paragraph number, the statement for the purpose of changing its registered office or principal place of business in the state of Florida such change was authorized by this corporation's board of directors. I hereby accept the appointment as registered agent for the corporation in the state of Florida, Florida Statutes.

12. Officers and Directors

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. D Name Title Address	1. NAME 1. ADDRESS 1. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Replace
2. D Name Title Address	2. NAME 2. ADDRESS 2. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
3. D Name Title Address	3. NAME 3. ADDRESS 3. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
4. D Name Title Address	4. NAME 4. ADDRESS 4. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
5. D Name Title Address	5. NAME 5. ADDRESS 5. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
6. D Name Title Address	6. NAME 6. ADDRESS 6. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
7. D Name Title Address	7. NAME 7. ADDRESS 7. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
8. D Name Title Address	8. NAME 8. ADDRESS 8. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
9. D Name Title Address	9. NAME 9. ADDRESS 9. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
10. D Name Title Address	10. NAME 10. ADDRESS 10. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
11. D Name Title Address	11. NAME 11. ADDRESS 11. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
12. D Name Title Address	12. NAME 12. ADDRESS 12. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
13. D Name Title Address	13. NAME 13. ADDRESS 13. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
14. D Name Title Address	14. NAME 14. ADDRESS 14. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
15. D Name Title Address	15. NAME 15. ADDRESS 15. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
16. D Name Title Address	16. NAME 16. ADDRESS 16. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
17. D Name Title Address	17. NAME 17. ADDRESS 17. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
18. D Name Title Address	18. NAME 18. ADDRESS 18. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
19. D Name Title Address	19. NAME 19. ADDRESS 19. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
20. D Name Title Address	20. NAME 20. ADDRESS 20. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
21. D Name Title Address	21. NAME 21. ADDRESS 21. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
22. D Name Title Address	22. NAME 22. ADDRESS 22. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
23. D Name Title Address	23. NAME 23. ADDRESS 23. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
24. D Name Title Address	24. NAME 24. ADDRESS 24. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
25. D Name Title Address	25. NAME 25. ADDRESS 25. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
26. D Name Title Address	26. NAME 26. ADDRESS 26. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
27. D Name Title Address	27. NAME 27. ADDRESS 27. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
28. D Name Title Address	28. NAME 28. ADDRESS 28. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
29. D Name Title Address	29. NAME 29. ADDRESS 29. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace
30. D Name Title Address	30. NAME 30. ADDRESS 30. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Replace

14. I declare, freely, that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in the law (F.S.) under Florida Statutes. I further certify, that the information contained in the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a written signature, that I am an officer or director of the corporation, or an employee or trustee empaneled to execute the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of the report, or on an amendment thereto, or on a continuation with an address.

SIGNATURE:

Lauralie G Kurey

5/5/95 8139717440

0281000 CP