

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **H42640** (3)

1. Corporation Name

UNCLE SAM'S RECORDS AND TAPES, INC.



Principal Place of Business

**3341 N. FEDERAL HWY.
POMPANO BEACH FL 33064-6741**

Mailing Address

**3341 N. FEDERAL HWY.
POMPANO BEACH FL 33064-6741**

2. Principal Place of Business

21 **3371 N. FEDERAL HWY**
Suite, Apt. #, etc.

2a. Mailing Address

26 **4580 N. UNIVERSITY DR.**
Suite, Apt. #, etc.

22 City & State

23 **POMPANO BEACH, FL**

27 City & State

28 **LAUDERHILL, FL**

24 **33064-6741**

25 **USA**

29 **33351**

30 **USA**

9. Name and Address of Current Registered Agent

**VERNON, DONALD JR.
1234 - 12TH STREET
MIAMI BEACH FL 33139**

3. Date Incorporated or Qualified
02/12/1985

3a. Date of Last Report
04/07/1995

4. FEI Number
59-2508955

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. 193.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name **VERNON, DONALD JR.**
82 Street Address (P.O. Box Number is Not Acceptable)
511 W. 29th STREET
83
84 City **MIAMI BEACH** FL 85 Zip Code **33140**

11. Pursuant to the provisions of Sections 607.07(2) and 607.15(2), 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 obligation of, Section 607.05(5), Florida Statutes.

SIGNATURE

Signature of person making this filing (must be the Secretary or Treasurer)

Signature of person accepting appointment as registered agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	VERNON, DONALD, SR.	
STREET ADDRESS	1970 N. 166TH ST.	
CITY-ST-ZIP	BROOKFIELD WI	
TITLE	DP	☐ DELETE
NAME	VERNON, DONALD, JR.	
STREET ADDRESS	1234 - 12TH STREET	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	☒ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	511 W. 29th STREET
8. CITY-ST-ZIP	MIAMI BEACH, FL 33140
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 person or trusted employee authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in changed or deleted status with an address.

SIGNATURE:

SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-7-96 (305) 531-9056

CR2E034 (12/95)