**FILED** FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Feb 23 1998 8:00am **PROFIT** ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H62193 (8) TAPES 'N MORE, INC. Principal Place of Business Mailing Address 1383 LYONS ROAD 1383 LYONS ROAD COCONUT CREEK FL 33063 COCONUT CREEK FL 33063 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/17/1985 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 59-2540092 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible Yes 24 Personal Property Tax due June 30. 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HENANN, DEE 1383 LYONS CT 82 Street Address (P.O. Box Number is Not Acceptable) COCONUT CREEK FL 33063 83 City Zip Code tions 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered to, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligation 607.0505, Florida Statutes. 11. Pursuant to the provisions of Go **SIGNATURE** (NOTE Registered Agent signature required when reinslating) OF LICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. ☐ DELETE TITLE 1.1 TITLE Change Addition NAME HENANN, DEE 1.2 NAME **1383 LYONS RD** 1.3 STREET ADDRESS STREET ADDRESS COCONUT CREEK FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition TITLE NAME HENANN, DEE 22 NAME STREET ADDRESS 1383 LYONS RD 2.3 STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 41 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5 3 STREET ADDRESS STREET ADDRESS

14. Thereby 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 supplience later and in the receiver of the corporation of the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation of Block 12 or Block 13 if changed, or o with an address

61 TITLE

62 NAME

54 CITY-ST-ZIP

6.3 STREET ADDRESS

DELETE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

14 98

954-976-0060

Change

Addition