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

PROFIT CORPORATION ANNUAL REPORT

1999

RECORD KEEPERS, INC.

**DOCUMENT # J48015** 



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Mar 08, 1999 8:00 am Secretary of State

03-08-1999 90075 005 \*\*\*150.00

## 

Principal Place	e of Business	Mailing Address				•			
1612 N.W. 23RI	) AVENUE	1612 N.W. 23RD AVENUE			J				
BOX 1168	- · · · · <del>· • -</del>	BOX 1168					MONTE ALTER	0.004.05	
FORT LAUDER	DALE FL 33311	FORT LAUDERDALE FL 33311				DO NOT WRITE IN THIS SPACE			
US		U\$	US			3. Date Incorporated or Qualifed			
				_		12/19/1986			
2. Principal P	ace of Business	2a. Mailing Address				4. FEI Number		<b>⊢</b> -+:	pplied For
21		26				59-2765388		N	ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certifcate of Status Desire	d 🗆		Additional
22	_	27				G. Certificate of States Science		Fee R	equired
City & State		City & State				6. Election Campaign Finance	ng [7	\$5.00	May Be
23		28				Trust Fund Contribution		Added	to Fees
Zip Country		Zip Country				8. This corporation owes the	current year Ir	_	_ ]
24	25 29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of No	w Registered	i Agent	
			1	81   1	Vame				
	ger, Brian		82 Street A		Stroot Addr	ess (P.O. Box Number is Not Acc	entable)		<del></del>
	NE 30TH ST	62 Street		Street Addi	ess (F.O. Box Number is Not Acc	epiable)			
FT L	AUDERDALE FL 33306		<u> </u>	83					
			L			·			
				84) (	City		FI	85) Zip	Code
<del></del>	to the provisions of Sections 607.0502	2 and CO7 1509. Florido Statutos	the ob		amod corn	aration submits this statement for			s registered
office or r	egistered agent, or both, in the State of manifer with, and accept the obligat	of Florida. Such change was auth	norized	by the	e corporation	on's board of directors. I hereby a	ccept the appo	ointment as re	gistered
SIGNATURE	Signature, typed or printed name of registered agent	t and title if anoticable (NOTE: 8	enistered A	Apent sid	onature require	d when reinstating)	DATE		
12.	OFFICERS AN		13.			ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECT	ORS IN 12
TITLE	P	☐ DELETE	1.1 Tm	LE				Change	☐ Addition
NAME	VERGER, BRIAN		1.2 NAN						_
	1985 SE 16TH ST.			REET AD	ODESS				ļ
STREET ADDRESS	POMPANO BEACH FL 33062		•		1				ł
CITY-ST-ZIP		DELETE	2.1 TITE	Y-ST-Z	IP			[ ] Change	Addition
TITLE	ST CHOAN	C) beceive	L		ľ				
NAME	VERGER, SUSAN		2.2 NAM						į
STREET ADDRESS	1985 SE 16TH ST.		2.3 STR	REETAD	DORESS				ſ
CITY-ST-ZIP	POMPANO BEACH FL 33062			ry-ST-Z	ZIP				——————————————————————————————————————
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NAME			3.2 NAJ	ME	)				}
STREET ADDRESS			3.3 STF	REET AD	DORESS				
CITY-ST-ZIP			3.4, C/T	1Y- <u>S</u> T-Z	2)P				
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NAME			4.2 NA	ME	1				
STREET ADDRESS			4.3 STF	REET AD	ODRESS				
CITY-ST-ZIP	}		4.4 CIT	Y-ST-Z	IP				Ì
TITLE		☐ DELETE	5.1 TM					☐ Change	☐ Addition
NAME		- <del>-</del>	5.2 NA		{				ł
				REET AD	ODRESS				
STREET ADDRESS			ſ	Y-ST-Z	- 1				Ì
CITY-ST-ZIP		☐ DELETE	6.1 TITI					☐ Change	Addition
TITLE		Ŭ ΩEΓΕΙΕ	1						
NAME			6.2 NAI		100000				· }
STREET ADDRESS				REET AD					ſ
	1		■ 64 CIT	Y-ST-7	ip	•			1

14. I 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 one an attachment with an address, with all other like empowered.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

126K8 954-730-0922

CR2E034 (11/98