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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

	1996	DIVISION OF	CORPORATIONS					
DOCUN 1. Corporation	MENT # J5	5869 (8)						
,	'N ROLL RECORDS,	. INC.						
					i të linjë diët entë i ëkiet tëni			ÈN BIRIN BARN YARI
Principal Place	of Business	Mailing Address						
		41/54415						
CLEARWATE		612 S. Greenwood : Clearwater Fl 3461						
					ate Incorporated or Qualif	fied 3a.	Date of Last	Report
					01/29/1987		05/01/19	995
2. Principal Pla	ace c1 Business	2a. Mailing Address 26		4. F8	El Number 59-2881167		<u> </u>	Applied For
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.					\$8.7	Not Applicable 5 Additional
22		27		5. C	ertificate of Status Desired	d \square	• -	e Required
City & State		City & State			ection Campaign Financin	ng 🗀		00 May Be
23 Zip	Country	28 Zip	Country		rust Fund Contribution			led to Fees
24	25	29	30		his corporation has liability lorida Statutes	Yes No		s 199.032,
	9. Name and Address of	f Current Registered Agent			lame and Address of Ne			
			81 Nam	ne .				
	GREGORY B.		82 Street	et Address (P.O.	Box Number is Not Acce	ptable)		· · · · · · · · · · · · · · · · · · ·
612 S. GREENWOOD AVENUE CLEARWATI:R FL 34616			63					
CLEARN	MIEN FL 34010							
			84 City				FI 85 Z	Zip Code
11. Pursuant to	o the provisions of Sections (607.0502 and 607.1508, Florida Statute	es, the above named	corporation sub-	mits this statement for the	e purpose of	f changing its	registered office
or registere familiar with	ed agent, or both, in the Stati h, and accept the obligations	e of Florida. Such change was authorize of, Section 607.0505, Florida Statutes	ed by the corporation	h's board of direc	stors. I hereby accept the	appointmen	it as registere	ed agent. Lanı
SIGNATURE _			· •					
12.	Signature, typed or printed name of region	stered agent and title if acplicable (NO CERS AND DIRECTORS	TE: Registered Agent signatur 13.		lating) DDITIONS/CHANGES TO I	DAT OFFICEDS A	····	OPS IN 12
THILE	F'	□ DELETE →	1. 1 TITLE	7	DITIONO/OFANGES TO	OF HOLENS A	Change	
NAME	HUDIK, GREGOYA B:	GREGORY B	1.2 NAME					_
STREET ADDRESS	612 S. GREENWOOD AVENUE		1.3 STREET ADDRESS	is				
CITY - ST - 7IP	CLEARWATER FL		1.4 CITY - ST - ZIP				·····-	
1171.6		☐ DELETE	2.1 TITLE				☐ Change	Addition
NAME			2 2 NAME					
STREET ADDRESS			2.3 STREET ADDRESS	is				
C:TY-ST-7/P TITLE		DELETE	2 4 CITY - ST - ZIP 3 1 TITLE				☐ Change	Addition
NAME		<u>.</u>	3.2 NAME					
STREET ADDRESS			3.3 STREET ADORES	ss				
CITY-ST-ZIP			3.4 CITY - S1 - ZIP					
T-TLE		□ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4.2 NAME					
STREET ADDRESS			4.3 STREET ADDRESS	is				
CITY-ST-ZIP TITLE		FT DELETE	4.4 CITY - ST - ZIP				Channa	Addition
NAME		DELETE	5. 1 TITLE 5.2 NAME				Change	Addition
STREET ADDRESS			5.3 STREET ADDRESS	s l				
CHY-S1-ZIP			5.4 CHTY-ST-ZIP					
THILF		☐ DELETE	6 1 THILE				☐ Change	Addition
NAME			62 NAME					_
STREET ADDRESS			6.3 STREET ADDRESS	s				
CITY-ST-ZIP			6.4 CITY - ST - ZIP					
14. I do hereby	certify that the information s	supplied with this filing is voluntarily furn	shed and does not q	jualify for the exe	imption stated in Section	119.07(3)(k)	, Florida Stati	utes. 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 eath; 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 glianged, or on an attachment with an address.

SIGNATURE: