

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

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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 1. Corporation Name
K40122
ROBERT FLINN RECORDS MANAGEMENT CENTER INC.

Principal Place of Business Mailing Address
3427 PROGRESS AVENUE SAME
NAPLES, FL. 34104

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10/20/1988		4/16/96	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0084929		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution			
24	25	29	30	<input type="checkbox"/>			
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes			
ROBERT N. FLINN				<input type="checkbox"/> Yes <input type="checkbox"/> No			
3427 PROGRESS AVE.							
NAPLES, FL 34104							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROBERT N. FLINN				81 Name			
3427 PROGRESS AVE.				82 Street Address (P.O. Box Number is Not Acceptable)			
NAPLES, FL 34104				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOT! Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	CITY-ST-ZIP	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PRES. & DIRECTOR	MARCIA M FLINN	2.1 TITLE	2.2 NAME
3427 PROGRESS AVE	NAPLES, FL 34104	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
SEC. & DIRECTOR	ROBERT N. FLINN	3.1 TITLE	3.2 NAME
3427 PROGRESS AVE	NAPLES, FL 34104	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
		800002134158	
		-04/04/97--01039--037	
		***165.00	

14. I do 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 of Block 11 if changed, or on an attachment with an address.

SIGNATURE: Robert N. Flinn
ROBERT N. FLINN 3/27/97 941-2714191
643-2329

CR2E034 (9/96)