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PROFIT
 CORPORATION
 ANNUAL REPORT
 1997



FLORIDA DEPARTMENT OF STATE

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May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K83854

(5)

RECORDS SEARCH, INC.

Principal Place of Business 8191 ORANGE DR STE 8187 DAVIE FL 33314 US	Mailing Address 6191 ORANGE DRIVE STE 6197 DAVIE FL 33314-3451 US	6191 ORANGE DRIVE STE 6167 DAVIE FL 33314-3451 US		3. Date Incorporated or Qualified 04/27/1989 3a. Date of Last Report 03/19/1996		
2. Principal Place of Business 21 6365 TART ST	2a. Mailing Address 26 6365 7/	act or	4. FEI Number 65-0119898		oplied For of Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	11.1 5.7.			Additional	
22 2000	27 2000		5. Certificate of Status Desired	Fee Re	equired	
City & State 23 Hollywood FL	City & State 28 Holly Woo		6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	May Be to Fees	
Zip Country 24 33024 25 BROWAL 9. Name and Address of Curre		30 BROWARD	8. This corporation has liability for Florida Statutes 10. Name and Address of New Re	¥Yes ☐ No	. 199.032,	
CAVALLO, ROBIN K.	The state of the s	81 Name	10, Hame and Address of Non-Yie	giotorou rigoni		
4650 S.W. 70TH TERRACE		82 Street Add	lress (P.O. Box Number is Not Acceptat	hio)		
DAVIE FL 33314			1 CO. DOX 143 HDC 15 HOT ACCOUNTS			
		83				
		84 City		85 Zip	Code	
11. Pursuant to the provisions of Sections 607,050	02 and 607 1508 Clarida Statut	os the above pamed sor	noration submits this statement for the	FL by Eip	e remislated	
office or registered agent, or both, in the State agent, I am familiar with, and accept the oblic	e o' Florida. Such change was a	authorized by the corporat	tion's board of directors. I hereby acce	pt the appointment as	registered	
agent, i am tamiliar with, and accept the oblig	gations of, Section 607.0505, No	onda Statutes.				
010114E-100						
SIGNATURE Stenature, typed or printed name of registered ag	jent and the Papplicable (NOTE	Fingistered Agent signature requ	rred when refusialing)	DATE		
Signature, typed or printed name of registered as 12. OFFICERS AN	ND DIRECTORS	Fingistered Agent signature requ	red wien renstating) ADDITIONS/CHANGES TO OFFIC	CERS AND DIRECTOR		
Signature, lyped or printed name of registered ag 12. OFFICERS AN TITLE PTD			·			
Signature, typed or printed name of registered ag 12. OFFICERS AN TITLE PTD CAVALLO, ROBIN K.	ND DIRECTORS	13. 1.1 HTLF 1.2 NAME	·	CERS AND DIRECTOR		
12. OFFICERS AN TITLE PTD CAVALLO, ROBIN K. STREET ADDRESS 4650 S.W. 70TH TERRACE	ND DIRECTORS	13. 1.1 HTLF	·	CERS AND DIRECTOR		
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