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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham >

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # L81671

RECORDKEEPING, INC.

(4)

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May 08 1997 8:00am
Secretary of State

Principal Place of Business c/o J. Kopelowitz 105 Bonnie Brae Way Hollywood, fL 33021 Mailing Address c/o J Kopelowitz 105 Bonnie Brae Way Hollywood, fL 33021						3. Date Incorporated or Qualified 06/20/1990	3a. Date		96	
2. Principal F	lace of Busin	1088	F1	iling Address		:	4. FEI Number 65-0201764		 +	oplied For
Suite. Apt. #, etc.			26 Sui	ite, Apt. #, etc.						ot Applicable Additional
22	<i>n</i> , c.c.		27				5. Certificate of Status Desired			equired
City & Stat	le		Cit	y & State			6. Election Campaign Financing		\$5.00	May Be
23	,		28				Trust Fund Contribution			to Fees
2φ 		Country	Zip)	Cou	ntry	8. This corporation has liability for	intangible ta Yes		199.032,
24	9 Name	25 and Address of Cur	29 rrent Registere	d Agent	30		Florida Statutes L 10. Name and Address of New Re		 	
	J. 1101110	und Addition of Call				81 Name				
Kopelowitz Janice 3389 Sheridan st. Ste 120						82 Street	Address (P.O. Box Number is Not Accepta	ble)		
Holly	wood,	FL 33021				83				
-					ŀ	84 City			85 Zip	Code
						1 -	corporation submits this statement for the			
		ent or both in the St	tate of Florida S	Octobra de la la la la colorida	e euthorized	d by the core	poration's board of directors. I hereby acce	pt the appoir	ntment as	registered
office or I	amî familiar wî	ith, and accept the ob	pligations of, Se	ection 607.0505,	Florida Stat	utes.	required when reinstating)	DATE	······································	
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Two mereby set my end are information supplied war this limity does not qualify in the exemption stated in section 1.19.07(5)(i), more statutes. Turning statistics 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 on an attachment with an address.

BIGNATURE AND TYPED OF PRINTED JAME OF SIGNING OFFICER OR DIRECTOR