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

CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085379 (3)

PROLIFIC RECORDS, INC. Principal Place of Business Mailing Address 8624 SW 15 ST 8624 SW 15 ST PEMBROKE PINES FL 33025-3379								
					3. Date Incorporated or Qualified		ate of Last Re	eport
A Dringing	Place of Business	2a. Mailing Address			11/21/1994 4. FEI Number	<u> U4/4</u>	26/1996	- Lord Co-
21	Trage of Edginoss	26. Walling Address			65-0540402		· · · · ·	plied For at Applicable
Suite Ap	ot. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	Additional
City & St.	ale	City & State	****		6. Election Campaign Financing		\$5.00	May Be
23 Zip		28			Trust Fund Contribution		Added t	
Zip 24	Country 25		Country 30	_	This corporation has liability for Florida Statutes	r intangible		199.032,
	9. Name and Address of Current	Registered Agent	201		10. Name and Address of New R	egistered	Agent	
	LSON, NORMAN G		81	Name				
	24 SW 15 ST IMBROKE PINES FL 33025		82	Street Addr	ess (P.O. Box Number is Not Accepta	ible)		
re	MIDNONE PINES PL 33023		83					
						********	****	
			1 1	City		FL	85 Zip 0	
office of agent I SIGNATURE	nt to the provisions of Sections 607.0502 in registered agent, or both, in the State of Lan, familiar with, and accept the obligated sections types or profiled name of registered agent OFFICERS AND	and title if applicable. (NOTE			ion's board of directors. I hereby access ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE		
- 1:ILF	D	☐ DELETE	11 TITLE	T			Change	Addition
NAME	MURRAY, ADRIAN L		1.2 NAME					
STREET ADDRESS			1.3 STREET ADDRESS					}
CITY+S1+7IP	PEMBROKE PINES FL 33025		1.4 CITY-ST-	-21P		1-10.0		
THILE	D AUTODAY OFFILE	☐ D€LETE	2.1 TITLE				Change	Addition
NAME	MURRAY, GERALD		2.2 NAME					Ì
STREET ADORESS	8 8624 SW 15 ST PEMBROKE PINES FL 33025		, 2.3 STREET A					}
Ony-SI-7# DILE	D D	DELETE	2.4 CITY-ST 3.1 TIYLE	- ZIP			Change	Addition
HAME	MURRAY, ERIC	Lad Describ	32 NAME				L. Change	, 100mm
STREET ADDRESS	DOOL ON 15 OT		3.3 STREET A	DORESS				
City-SI-7IP	PEMBROKE PINES FL 33025		3.4. City-St	1				
THE	D	DELETE	4.1 TITLE				Change	☐ Addition
NAME	MURRAY, CEDRIC L		4. 2 NAME)				
STREET ADORESS			4.3 STREET A	DORESS				
CITY-ST-ZII:	PEMBROKE PINES FL 33025		4.4 City - ST	- ZIP				
विश	D NORMANIC	DELETE	51 TITLE				Change	Addition
NAME	WILSON, NORMAN G		, 5.2 NAME	1				1
STREET ADDRESS	8 8624 SW 15 ST PEMBROKE PINES FL 33025		5.3 STREET A					
Cally - S1 - ZiF	FEMDRUNE FINES PL 33023	DELETE	5.4 CITY-ST-	-ZIP			Change	Addition
TITLE		["] nertit	61 TITLE				FT CHANGE	ET Montion
NAME	c l		6.2 NAME	ODDECC				
STREET ADDRESS	5 }		6.3 STREET A	DUMESS				J

SIGNATURE:

14. I do hereby certify that the information sup-information indicated on this annual report. I am an officer or director of the cochorate appears in Block 12 or Block 13. Thanking

fed with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the property is true and accurate and that my signature shall have the same legal effect as if made under oath; that nor the receiver or trustee is powered to execute this report as required by Chapter 607, Florida Statutes; and that my name

FILED

Apr 08 1997 8:00am

Secretary of State

Daytime Phone #