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

PROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name P95000049741 (8)

JUST FOR THE RECORD, INC.

May 07 1998 8:00am Secretary of State

FILED

| 1 | | | | | 1810; Brafa Paris 180)) Branz Irai (811) | | | | | |
|---|---|---|---------------------------------|--|--|--|--|--|--|--|
| Principal Plac | e of Business | Mailing Address | | | INTER MINIO (MILL HUNDE DEM PER ENTER | | | | | |
| 2021 S CONF 1 BOCA RATOR | - | 2021 S CONFERENCE DR BOCA RATON FL 33486 US | | DO NOT WRITE IN THIS SPACE | | | | | | |
| US | | | | Date Incorporated or Qualified 06/20/1995 | | | | | | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For | | | | | |
| 21 | | 26 | | 65-0598348 | Not Applicable | | | | | |
| Sulte, Apt. | #, etc. | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional | | | | | |
| 22 | | 27 | | e, comment of prairies | Fee Required | | | | | |
| City & State | e | City & State | | 6. Election Campaign Financing | \$5.00 May Be | | | | | |
| 23 | | Zip Country | | | Added to Fees | | | | | |
| Zip 24 | Country | ├ ── | ~ ` ' | 6. This corporation owes or has paid | | | | | | |
| 241 | 9. Name and Address of Current | 29 3 | 01 | Personal Property Tax due June 30 10. Name and Address of New Regis | | | | | | |
| U.A.E | | | 81 Name | | | | | | | |
| 000 | HRMEISTER, LEANNE 21 S CONFERENCE DR | | | own, Leanne Wehrmeister | | | | | | |
| 202 RO | CA DATON EL 23488 | 2128 | 82 Street And | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
|) | OA HATON PE 33400 | 100 CD 100 | C3 (83) | | | | | | | |
| | . ~ | CPO. 1 2 DON | 9 | | | | | | | |
| | W. J. | , vo wa | 84 City | | E S Zip Code | | | | | |
| BOCA RATON FL 33486 82 Streat Address (P.O. Box Number is Not Acceptable) 83 Streat Address (P.O. Box Number is Not Acceptable) 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 | · · · · · | | | | <u>,</u> | | | | | |
| | Signature, typod or printed name of registered agen | | Registered Agent signature requ | | DATE | | | | | |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICER | | | | | | |
| TITLE | D | ☐ DELETE | 1.1 TITLE | <u>-</u> | Change Addition | | | | | |
| NAME | WEHRMEISTER, LEANNE 2021 S CONFERENCE DR | | 1 | Brown, Leanne Wehrm | eister | | | | | |
| STREET ADDRESS | BOCA RATON FL | | | same | 1 | | | | | |
| CITY-ST-ZIP TITLE | BOCK HATON FE | DELETE | 1.4 CITY-ST-ZIP 2 1 TITLE | | Change Addition | | | | | |
| NAME | | | 22 NAME | | E onarige E voditor | | | | | |
| STREET ADDRESS | | - | 2.3 STREET ADDRESS | | İ | | | | | |
| CITY-ST-ZIP | | ļ | 2. 4 CITY-ST-ZIP | • | | | | | | |
| TITLE | | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition | | | | | |
| NAME | | | 3.2 NAME | | | | | | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | Ì | | | | | |
| CITY-ST-ZIP | | į | 3 4. CiTY+ST-ZiP | | | | | | | |
| TITLE | | DELETE | 4.1 TITLE | | Change Addition | | | | | |
| NAME | | | 4. 2 NAME | | | | | | | |
| STREET ADDRESS | | Ì | 43 STREET ADDRESS | |) | | | | | |
| ÇITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | ĺ | | | | | |
| TITLE | | DELETE | 5.1 TITLE | | Change Addition | | | | | |
| NAME | | | 52 NAME | | · | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | Ì | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY - ST - ZIP | | | | | | | |
| TITLE | | DELETE | 61 TITLE | | Change Addition | | | | | |
| NAME | | | 6.2 NAME | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | | | 64 CITY - ST - ZIP | | | | | | | |
| 14. I hereby o | ertify that the information supplied will | h this filing does not qualify for t | the exemption stated in | Section 119.07(3)(i), Florida Statutes. I furi | ther certify that the information | | | | | |

indicated on this annual report or supplemental ainual 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.

SIGNATURE:

Jean V Blows

561-338-3209