**FILED** 

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



## **Katherine Harris**

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE  Katherine Harris  Secretary of State  DIVISION OF CORPORATIONS		Mar 01, 1999 8:00 am Secretary of State 03-01-1999 90215 017 ***150.00	
<ol> <li>Corporation</li> </ol>	MENT # P95000 PR THE RECORD, INC.	0049741			
Principal Place	of Business	Mailing Address			
2021 S CONFER		2021 S CONFERENCE DR			
1 BOCA RATON FL 33486 BOCA RATON FL 33486 US				DO NOT WRITE IN THIS SPACE	
US RATON F	1. 33480	us		3. Date Incorporated or Qualifed 06/20/1995	-
	ace of Business	2a. Mailing Address		4. FEI Number · Applie	
	N.W. 29th Rd.	Suite, Apt, #, etc.	sanc_	65-0598348 Not Apr	pplicable_
Suite, Apt. a	#, etc.	27		5. Certificate of Status Desired Fee Require	
City & State	A	City & State		6. Election Campaign Financing \$5.00 Ma	
23 BUCA	Ratur, FL	28	Country	Trust Fund Contribution Added to F	ees
Zip 334	Country 25 (1 S A	Zip [3	30	8. This corporation owes the current year Intangible Personal Property Tax.	No
24 3 3 7	9. Name and Address of Curre			10. Name and Address of New Registered Agent	
BROWN, LEANNE W 2021 S CONFERENCE DR BOCA RATON FL 33486				Address (P.O. Box Number is Not Acceptable)  IN.W. 29 HA Rd.  CARAMA FL 85 Zip Cod 3242	le .
office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was au	s, the above-named of thorized by the corpo	corporation submits this statement for the purpose of changing its regration's board of directors. I hereby accept the appointment as regist	jistered ered
SIGNATURE	n lamiliar with, and accept the oblig	gations of, Section 607.0000, Fibra	da Gialdics,	· · ·	
	Signature, typed or printed name of registered ag	<u> </u>	Registered Agent signature re		1NI 12
12.	OFFICERS A	AND DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	Addition
NAME	BROWN, LEANNE W			- athera	
STREET ADDRESS	2021 S CONFERENCE DR		1.3 STREET ADDRESS	3001 N.W. 29tb Rd. Boca Raton, Fl 33431	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Boca Raton, Fl 33431	
TITLE		☐ DELETE	2.1 TITLE	☐ Change	Addition
NAME			2.2 NAME		Ì
STREET ADDRESS			2.3 STREET ADDRESS	and the second s	
CITY-ST-ZIP TITLE		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE		Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		T Address
TITLE		☐ DELETE	4.1 TITLE	☐ Change	Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	•	Ī
CITY-ST-ZIP TITLE		☐ DELETÉ	5.1 TITLE	☐ Change	Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP	·	□ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME	□ Grange	
NAME STREET ADDRESS			6.3 STREET ADDRESS	·	ļ

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-23-99

561-999-0900