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

CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIF



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 10 1997 8:00am

Secretary of State

96/6) (6)

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053576 (1)

IT'S FOR THE RECORD, INC.

Principal Place of Business Mailing Address 12657 WHITBY STREET 12657 WHITBY STREET **WELLINGTON FL 33414-6247** WELLINGTON FL 33414 3. Date incorporated or Qualified 3a. Date of Last Report 07/12/1995 04/29/1996 2, Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0598274 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No Zio Zip 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name TUCCIARONE, MARGARET 1112 FERNLEA DRIVE Street Address (P.O. Box Number is Not Acceptable) 82 WEST PALM BEACH FL 33417 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above named dorporation 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 Signarure, typy dick printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Addition TITLE DELETE 1.1 TITLE ☐ Change TUCCIARONE, MARGARET NAME 1.2 NAME 1112 FERNLEA DR 1.3 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP 1.4 CITY - ST- ZIP DELETE Change Addition TITLE 2.1 TITLE SMITH, LORRAINE NAME 2.2 NAME 12657 WHITBY ST STREET ADDRESS 2.3 STREET ADDRESS **WELLINGTON FL 33414** CITY-ST-ZIP 2.4 CiTY+ST-ZIP DELETE Change Addition 31 TITLE TITLE O'ROURKE, LINDA NAME 32 NAME **521 28 STREET** STREET ADDRESS 3.3 STREET ADORESS WEST PALM BEACH FL 33407 CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE DELETE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIE MILE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS

**6.3 STREET ADDRESS** 6.4 CITY-ST-ZIP

LORRAINE Smith 2/3/97

14. I do hereby certily 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.