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FILED
Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000016463 (7)

1. Corporation Name

TRU-DAT RECORDS, INC.

Principal Place of Business

624 NORTH AVENUE
TARPON SPRINGS FL 34689
US

Mailing Address

3408 BRETWOOD DRIVE
ORLANDO FL 32808
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 TRU-DAT RECORDS INC.		02/22/1996	
22 3408 BRETWOOD DR.		27 P.O. BOX 682208		4. FEI Number	
23 ORLANDO, FL		28 ORLANDO, FL		59-3433849	
24 32808		29 32868-2208		5. Certificate of Status Desired	
25 ORANGE		30 ORANGE		6. Election Campaign Financing	
				Trust Fund Contribution	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent

WALLACE, DOUGLAS
3408 BRETWOOD DRIVE
ORLANDO FL 32808

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	WALLACE, DOUGLAS	1.2 NAME	
STREET ADDRESS	3408 BRETWOOD DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	SPENCER, ARNELL	2.2 NAME	
STREET ADDRESS	325 EATON STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	EATONVILLE FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	WALLACE, BRENDA	3.2 NAME	
STREET ADDRESS	624 NORTH AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TARPON SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE:

Douglas Wallace

4/6/98 (407) 294-2777

CR2E034 (10/97)