FILE NOW: FILING FEE AFTER MAY 1 IS \$550 00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT

Sandra B. Morti

Secretary of Sta DIVISION OF CORPORATIONS

1997

DOCUMENT # P96000031995 (9)

RECORD REVIVAL, INC.

FILED May 09 1997 8:00am Secretary of State



Principal Place of I	Business	Mailing Address		·				
6624 GATEWAY AVE SARASOTA FL 34231		8624 GATEWAY AVENUE SARASOTA FL 34231-5800	f 6					
					3. Date Incorporated or Qualified 04/08/1996	3a. Date of La	ast Report	
2. Principal Place	2a. Mailing Address			4. FEI Number	L	Applied For		
21		26			65-0668331		Not Applicable	
Suite, Apt. #. etc		Suite, Apt. #, etc.	Sune, Apr. *, etc.		5. Certificate of Status Desired	1 1	75 Additional se Required	
City & State		City & State			Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip	Country	Zip	Count	У	8. This corporation has liability for		der s. 199.032,	
24	[25]	29	30			Yes No		
	Name and Address of Cu	rrent Registered Agent	8	Name	10. Name and Address of New Re	gistered Agent		
LEWIS, K			[*	Name				
6624 GATEWAY AVENUE SARASOTA FL 34231			8	Street Add	dress (P.O. Box Number is Not Acceptat	ole)		
0,40,00			8	3				
			8	City	······································	65	Zip Code	
				<u></u>	poration submits this statement for the p	FL "		
SIGNATURE Signal	Hare, typied or printed name of registere	d agent and little if applicable (NC AND DIRECTORS	OTE: Registered A	<u></u>	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIREC	TORS IN 12	
TITLE		DELETE	1.1 TITLE		PRES. + SEC.	☐ Cha	ange 🛮 Addition	
NAME			1.2 NAM	14	CURT FIEWI	5		
STREET ADDRESS			1,3 STRE	T ADDRESS	CURT F. LEWI 6624 GATEWAY ARASOTA, FL.	AVE.		
CITY - ST - ZIP		F7540-44	1,4 CiTY	ST-ZIP	BRASOTA, FL.	34-831	This is a	
TIPLE		☐ DELETE	2 1 TITLE		•	☐ Cha	ange L. Addition	
NAME			22 NAM	1				
STREET ADDRESS			2.4 CITY	ET ADDRESS		•		
CHY-ST-ZIP TITLE		DELETE	3.1 TITLE			Cha	ange Addition	
NAME		-	3.2 NAMI					
STREET ADDRESS			3.3 STAE	ET ADORESS		,		
CITY-ST-7IP			3.4. HTY		······································			
TITLE		DELETE	4.1 TILE	l l		☐ Cha	ange 🔲 Addition	
NAME			4. 2. IAM	1				
STREET ADDRESS				ET ADDRESS				
CITY-S1-ZIP TITLE		DELETE	4.4 C iTY 5.1 TITLE			☐ Cha	ange Addition	
NAME		Land work in	5.2 AM	i				
STREET ADDRESS				ET ADDRESS				
CITY-ST-ZiP			5.4 SITY					
TITLE		DELETE	6.1 TLE			Cha	ange Addition	
NAME			6.2 AM	:				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
CITY-ST-ZIP			6.4 CITY	ST-ZIP				
		وريط لمصمون ومثلاة واللاطاني البياني	LE . fac dist.		d in Continue 440 07/03/35 Florida Ctatute	والمحمد ومطاور كالم	. die als als a	

I do 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: