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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000038897 (0)

M. J. & B. J. RECORDS, INC.

## **FILED** Jun 04 1998 8:00am Secretary of State

Principal Place of Business		Mailing Address	Mailing Address		n vanusada ese naved arvir anive anive davir david alimi navel enifo (alia £90) table			
4002 GANDY BLVD		4002 GANDY BLVD						
TAMPA FL 33	tii i	TAMPA FL 33611			DO NO	T WRITE IN THIS	SPACE	
					3. Date Incorporated or Qu			
					05/06/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	plied For
21		26			59-3376164		No	t Applicable
Suite, Apt	#, <b>e</b> tc	Suite, Apt. #, etc			5. Certificate of Status Des	ired 🔲	\$8.75	Additional
22		27			B. Certificate of Status Des		Fee Re	equired
City & State		r1	City & State		6. Election Campaign Financing \$5.00 May Be			May Be
23		28			Trust Fund Contribution		Added	
Zip	Country	Ζιρ [-7]	Country	1	8. This corporation owes o			
24	[25] 9, Name and Address of Curre	29 29 Agent	30		Personal Property Tax d  10. Name and Address of			J No
		ant riegisteren Agent	81	Name	10, Marile Billo Address Of	New Hegistered	Agent	
	US <b>SE</b> LLE, PAULA			- Traine				
	W DELEON ST		82	Street Add	ress (P.O. Box Number is Not A	cceptable)		
14	MPA FL 33606		83	ļ- <b>-</b>				
1 7			63					
]			84	City			85 Zip (	Code
11 Pureuant	to the provisions of Soctions 602 or	02 and 607 1500 Fbuild- 60	tetutos the en-	nomed es	noration a desaits this state.	FL		
l onice or r	to the provisions of Sections 607.05 egistered agent, or both, in the Stat	ie of Florida. Such change y	vas authorized by	/ the corporat	poration submits this statement tion's board of directors. I hereb	for the purpose only accept the ap-	or changing it pointment as	s registered   registered
agent. Fa	m samiliar with, and accept the obli	gations of, Section 607.0508	5, Florida Statute	5.				_
SIGNATURE	Signature, typed or printed name of registered a	was and other dependent day	(NOTE: Registered Age			DATE		
12.		ND DIRECTORS	13.	in signature reder	ADDITIONS/CHANGES TO		D DIRECTOR	S IN 12
TITLE	PSD	DELFTE			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	01,102,10,11	Change	Addition
NAME	SCHNITT, TODO A		1.2 NAME					_
STREET ADDRESS	4002 GANDY BLVD		1.3 STREET	ADDRESS				
CITY-ST-ZIP	TAMPA FL 33611		1.4 CITY - S	T-7(P				
TITLE	VTD	☐ DETETE	2 1 THTLE				Change	Addition
NAME	HARRIS, BARRY J		2.2 NAME					
STREET ADDRESS	4002 GANDY BLVD		2 3 STREET	ADDRESS				1
CITY-ST-ZIP	<b>TAMPA FL 33611</b>		2. 4 CiTY - 9	ST - 7/P				]
TATLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET	ADDRESS				Į
CITY+ST-ZIP			3.4. CITY- S	SI - ZIP				
TITLE		DELETE	4.1 TITLE	1			Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				i
CITY-ST-ZIP			4.4 CITY-S	1 - ZIF				
TITLE		☐ D£LFTE	5.1 TITLE		·		Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	r-zip				
TITLE		DELFTE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			63 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY-S1	1 - 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 13 if changed, or on an attactument with an address.