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 # P96000065136 (9)

JARBE RECORDS, INC.

Principal Place of Business

FILED Apr 06 1998 8:00am Secretary of State



Principal Plac	De or Business	Mailing Address						
4538 NE US		4538 NE US HWY 17						
ARÇADIA FL	34266	ARCADIA FL 34266			DO NOT WRITE IN TH	DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	IS OF AGE		
					'			
2 Principal F	Place of Business	2a. Mailing Address	 		07/30/1996 4. FEI Number			
21 28 P.O. Box			201	2	į	<u> </u>	Applied For	
Suite, Apt. #, etc. Suite, Apt. #, etc.			~~ / ,	<u> </u>	65-0694380		Not Applicab	
27 Ancadi			' A		5. Certificate of Status Desired	,	5 Additional Required	
City & Stat	te .	City & State	~				<u>-</u>	
23		28 FL-			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Countr	V				
24	25	29 34265	30 US	•	This corporation owes or has paid the e Personal Property Tax due June 30.	current year Yes	Intangible No	
[4]	9. Name and Address of Curre		30 😘 🤛	~	10. Name and Address of New Registers		L] NO	
			81	Name	10, realis and realists of free free free	A Agoin		
	ATON, ROBERT D SR		"	T TAGETIC				
4538 NE US HWY 17			82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
AR	RCADIA FL 34266							
			83	'				
			84	City		. 85 Z	ip Code	
					F		•	
agent. I a	am familiar with, and accept the obli	gations of, Section 607.0505,	, Florida Statute	ss.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	рроинтеп	as regisiereo	
SIGNATURE	Signature, typed or printed name of registered a	gent and title if applicable (I	NOTE: Registered Ag	ent signature requ	ured when reinstaling) DATE			
12.	OFFICERS AF	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12	
TITLE	D	DELETE	1.1 HTLE			☐ Chang	ge 🔲 Additio	
NAME	STATON, ROBERT D SR		1.2 NAME					
STREET ADDRESS	4538 NE US HWY 17		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	ARCADIA FL 34266		1.4 CITY -	\$T- 7IP				
TITLE	D	DELETE	2.1 TITLE	 		Chang	e Additio	
NAME	STATON, MARY E		2.2 NAME				_	
STREET ADDRESS	4538 NE US HWY 17			1 ADDRESS				
	ARCADIA FL 34266			· ·				
CITY-ST-ZIP TITLE	D	DELETE	2. 4 CITY- 3.1 TITLE	31-ZIP		☐ Chang	ie 🔲 Additio	
NAME	1 -	_ Ottle					jo <u>Li</u> ndvitit	
	MURPHY, JAKE A	00	3.2 NAME					
STREET ADDRESS	2951 NE HOLLINGSWORTH	אט		T ADDRESS				
CITY-ST-ZIP	ARCADIA FL 34266	III DELETE	3.4. CITY-	ST - ZIP		100	. 1 1 4 4 4 4	
TITLE	D	☐ DELETE	4.1 TITLE			☐ Chang	ge 🔲 Additio	
NAME	MURPHY, CARLA		4.2 NAME					
STREET ADDRESS	2951 NE HOLLINGSWORTH	RD	4.3 STREET	T ADDRESS				
CITY-ST-ZIP	ARCADIA FL 34266		4.4 CITY-5	ST-ZIP				
TITLE	D	DELETE	5.1 TITLE	I		Chang	je 🔲 Additio	
NAME	WYCKOFF, DOUGLAS M		5.2 NAME					
STREET ADDRESS	3245 JESSICA TER		5.3 STREET	T ADDRESS				
CITY-ST-ZIP	PT CHARLOTTE FL 33948		5.4 CITY-5					
TITLE		☐ DELETÉ	6.1 TITLE			Chang	je 🔲 Additio	
NAME		<u> </u>	6.2 NAME					
STREET ADDRESS				I ADDRESS				
CITY-ST-ZIP			6.4 CITY - 9	ST-ZIP				

Thereby 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 chapter 607, or on an attachment with an address.