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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

P97000071151 **DOCUMENT #**

1. Corporation Name

RECORDSET, INC.

Principal Place of Business 11210 SW 1ST STREET

Mailing Address

11210 SW 1ST STREET

FILED Feb 02, 1999 8:00am **Secretary of State**

02-02-1999 90021 002 ***150.00



PLANTATION FL 33325			FT. LAUDERDALE FL 33355-1686 US			DO NOT WRITI	IN THIS SE	PACE		
		US				3. Date Incorporated or Qualifed				ĺ
					•	08/15/1997				l
2 Principal F	Place of Business	2a. Mailing Address				4. FEI Number		Apr	lied For	g
21		26	 1			65-0775455		Not	Applicable	1
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional	;
22	•	27	4			5. Certificate of Status Desired Fee Required				
City & Sta	te	City & State	City & State			6. Election Campaign Financing \$5.00 May Be				
23		28				Trust Fund Contribution Added to Fees				
Zip	Country	Country Zip Coul				8. This corporation owes the curre				l
24	25 29 30			Personal Property Tax. Yes No						l
	9. Name and Address of Curre			04	Maria	10. Name and Address of New Re	gistered Ag	ent		l
CIB	E MMES D			81	Name:					l
EULE, JAMES R REC 11210 SW 1ST STREET				82 Street Address (P.O. Box Number is Not Acceptable)						l
PLANTATION FL 33325						4 14 14 14 14 14 14 14 14 14 14 14 14 14	د څهر اصواقي دروو د د د د د د د د د د د د د د	· CREATER	51.6 HELLER	l
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					nameo corpo e corporatio	oration submits this statement for the pon's board of directors. I hereby accept	the appointn	anging its ient as reg	jistered	l
agent. I a	am familiar with, and accept the oblig	ations of, Section 607.0505,	Florida Stati	utes.						l
SIGNATURE			OTE D			d when rethstating)	DATE			١.
40	Signature, typed or printed name of registered ag	ent and tide if applicable. (P	13.	Agent si	ignature required	ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12	١.
12.	PS OF TICERS A	DELETE		TLE.		AND THE STATE OF T		Change	Addition	18
NAME	EULE, JAMES R		1.2 N		1					`
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CITY-ST-ZIP	PLANTATION FL 33325			TY-ST-Z						İ
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CITY-ST-ZIP	28	_	5.3 ST 5.4 CI 6.1 TT 6.2 N/	TREET AL TY-ST-Z	tiP		<u>.</u>	☐ Change	☐ Addition	

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 chapted, or on an attachment with an address, with all other like empowered.