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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1998
DOCUMENT # P970

P97000087494 (5)

AIRPORT RECORDS STORAGE, INC.

	AIRPU	RI RECORDS STORAGE, IN	<b>V</b> O.			
Principal Place of Business Mailing Address			Mailing Address		- I LOGINGEN LIS SALUL SOULL OORIN BENN VÕINN SOUR	(Billy index didin tally tilly tall)
4500 - 140TH AVE. NORTH, STE. 101 4500 - 140TH AVE, NOR			4500 - 140TH AVE, NOR	TH. STE. 101		
			CLEARWATER FL 33762		DO NOT WRITE IN TH	IO COACE
					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified	
ł					10/09/1997	 
2.	Principal P	lace of Business	2a, Mading Address		4 FCI Number	Applied For
21			26		1 59-3473447	Not Applicable
			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	2		27			Fee Required
	City & State	9	City & State		6. Election Campaign Financing  Trust Fund Contribution	\$5.00 May Be
23	Zip	Country	28 Zip	Country	<del></del>	Added to Fees
24	an po	25	29	30	8. This corporation owes or has paid the Personal Property Tax due June 30.	Yes No
-71		9. Name and Address of Currer		1991	10. Name and Address of New Registers	
RUGGLES, THOMAS W 81 N				81 Name		
603 INDIAN ROCKS ROAD				82 Street Addr	ess (P.O. Box Number is Not Acceptable)	
BELLEAIR FL 33758						
				83		
				84 City		. 85 Zip Code
					F	<u>L                                     </u>
\$1. 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, typied or printed mining of registered a year and title if applie able. (NOTE: Registered Agent signature required whom reinstang) DATE.						
12	<u> </u>		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	
TITI	LE	D	☐ DELETE	11 TITLE		Change Addition
NAI	ME	<b>E</b> NGELHARDT, BARBARA		1.2 NAME		
STA	REET AODRESS	4500 - 140TH AVE. NORTH,	STE. 101	1.3 STREET ADDRESS		
CIT	Y-ST-ZIP	CLEARWATER FL 33762		1.4 CITY - \$1 - ZIP		
TIT	LE	D	☐ DELETE	2.1 TITLE		Change Addition
NA	ME	ENGELHARDT, DANIEL A	A-115	2.2 NAME		
STR	REET ADORESS	4500 - 140TH AVE. NORTH,	STE. 101	2.3 STREET ADDRESS	5.00	
-	Y-ST-ZIP	CLEARWATER FL 33762	DELETE	2. 4 CHY-ST-ZIP		Change Addition
TITL		ENGELHARDT, STEVEN	□ Dereig	3.1 TITLE		CT change CT youthout
NA	1	4500 - 140TH AVE. NORTH,	CTE 101	3.2 NAME		
	REET ADDRESS	CLEARWATER FL 33762	3)E. 101	3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITI	Y-ST-ZIP	D	DELETE	4.1 TITLE		Change Addition
NAI		ENGELHARDT, PAUL		4. 2 NAME		
	HEET ADDRESS	4500 - 140TH AVE. NORTH,	STE. 101	4.3 STREET ADDRESS		
	Y-ST-ZIP	CLEARWATER FL 33762		4.4 CITY - ST - ZIP		i
TITL			☐ DELETE	5.1 TITLE		Change Addition
NAP	ነ			5.2 NAME		1
	EET ADDRESS			5.3 STREET ADDRESS		
	Y-SY <u>-ZIP</u>			5.4 CITY-ST-7IP		
TiTL			☐ DELETE	6.1 TITLE		Change Addition
NA	ME			6.2 NAME		İ
						ļ

14. 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 13 if changed or on an attachange with an address.

CICMATURE.