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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPAFITMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS FILED Apr 27, 1999 8:00 am Secretary of State 04-27-1999 90186 050 \*\*\*150.00

## DOCUMENT # **P97000107759**1. Corporation Name

ZIPRECORDS, INC.

Principal Place of Business	Mailing Address	
501 TAMIAMI TRAIL NORTH SUITE 224 APLES FL 34103	4501 TAMIAMI TRAIL NORTH SUITE NAPLES FL 34103	
		DO NOT WRITE IN THIS SPACE
		3. Date Incorporated or Qualifed

							12/17/					<del>,</del>	
2. Principal Pl	ace of Business	2a. Mailing Add	ess			4	4. FEI Nurn				L	<del></del>	ed For
21		26					59-348	8892_					Applicable
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.				5. Certifcate	e of Statu	s Desired		•	<b>75</b> Ad ee Req	ditional uired
City & State		City & State				$\neg \dashv$	6. Election	Campaigr	Financine		\$5	.00 N	av Be
<del>-,</del> '	•	28				- 1		nd Contrib		• 🗆	•	ded to	•
Zip	Country	Zip		Country			R This corr	oration o	wes the cu	irrent year I	tangible		
24	25	29	<u>[3</u>	0		'		Property		• • •	☐ Yes	; E	<b>X</b> ∮∘
	9. Name and Address of Current			-		1	0. Name an	nd Addre	ss of New	Registere	Agent		
	5. Italie and Addi ess of Carren	riogioto ou rigotto		81	Name								
ROS	S, DONALD K JR.												
	GOLDEN GATE PARKWAY			82	Street /	asent DA	(P.O. Box N	Number is	Not Accep	otable)			
	E 206			83	<del></del>								
	LES FL 34105			03									
MAC	LES FE 34103			84	City					F	85	Zip Co	ode
office or re agent. Fa	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	s Florida. Such char	ige was aut	norized by	the corpo	corporati oration's	ion submits board of cir	this state ectors. I h	ment for the	ne purpose is ept the appo	f changi ointment	ng its r as reg	∍gistered stered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable.	(NOTi: R	Registered Age	nt signature re	required whe				DATE			
12.	OFFICERS ANI	DIRECTORS		13.			ADDITION	NS/CHAN	GES TO C	OFFICERS A			
TITLE	D		ELETE	1.1 TITLE	i		. ^	•			E Ch	ange	☐ Addition
NAME	JONES, DAVID			1.2 NAME		70	روت ک	3~4	· .		۲,	Α.	114.
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	NAPLES FL 34105			1.4 CITY-S		r/s	ZEK	$\Rightarrow$	2148	13			
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NAME.					T ADDRESS								
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CITY-ST-ZIP	<u> </u>			6.4 CHY-3	11-ZIP	<u> </u>				a I front as a		<del></del> .	

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 signa ure 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 or all attactment with an address, with all other like empowered

SIGNATURE: