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

PROFIT CORPORATION ANNUAL REPORT

1998



Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

SID'S DISCOUNT RECORDS AND TAPES, INC.

FILED Mar 09 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
•						
PEPPERTREE PLAZA 5472 W. SAMPLE RD. MARGATE FL 33073		5472 W. SAMPLE RD. MARGATE FL 33073			DO NOT WRITE IN THIS SPACE	
MAIONIE	72 000.0	WALL TE SOUTH				3. Date Incorporated or Qualified
						03/20/1991
2. Principal I	Place of Businoss	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0260741 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.	Suite, Apt. #, otc.			5. Certificate of Status Desired S8.75 Additional
22		27				Fee Required
City & Sta	le	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees
— ^{Žip}	Country	Zφ	Cour	ntry		8. This corporation owes or has paid the current year Intangible
24	25	[29]	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent
	9, Name and Address of Curre			81	Name	
CORPORATION INFORMATION SERVICES, INC.				۱"	Name	
1201 HAYS ST.				82 Street Address (P.O. Box Number is Not Acceptable)		
1	TALLAHASSEE FL 32301		1	вэ		
				БЭ		
			Ì	84	City	85 Zip Code
		·····				FL 85 ZIP COUB
11. Pursuan	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu n of Florida, Such change was	tes, the ab	ove Thy	-named the cor	ned corporation submits this statement for the purpose of changing its registered corporation's board of directors. I hereby accept the appointment as registered
agent. I	am familiar with, and accept the obli-	jations of, Section 607.0505, FI	orida Stat	utes		,
SIGNATURE						
	Signature, typed or poiled name of registric dia-	· · · · · · · · · · · · · · · · · · ·		Agor	nt signatur	ature required when reinstating) DATE ADDITIONAL OF LAND CONTROL OF LAND DIRECTORS IN 12
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
TITLE	PST ASSUBLY SHIP	LL DELETE	1.1 1(1			C Overland C Manual
ASBURY, SKIP			1.2 NA			
STREET ADDRESS 3251 UNIVERSITY DR					ADDRESS	SS
CITY-ST-ZIP	CORAL SPRINGS FL.			1.4 CHY-ST-ZIP		Change Addition
TITLE				21 TITLE		Change E Addition
NAME	ASBURY, SKIP		2.2 NA			
STREET ADDRESS			2.3 STREET ADDRES			SS .
CfTY-ST-ZiP	CORAL SPRINGS FL			2. 4 CITY-SY-ZIP		Change Addition
TITLE	PST DELETE			3 1 TITLE 3.2 NAME		
NAME	ASBURY, ROBERT					
STREET ADDRESS					ADDRESS	22
CITY-S1-ZIP	1-ZIP MARGATE FL 33073			3.4. CITY+ST-ZIP 4.1 TITLE		Change Addition
TITLE		T btrut				
NAME			4 2 N			
STREET ADDRESS	1				ADDRESS	55
CITY-ST-ZIP		Detet	4.4 CI	*****	1 - ZIP	Change Addition
TITLE		☐ DELETE	5.1 TIX			E Change La Adoltion
NAME			5.2 NA		4 BB E = = =	
STREET ADDRESS			5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			55
CITY-ST-ZIP		DELETE			I - ZIP	Change Addition
TITLE			6.1 70			C Change D Addition
NAME			6.2 N/			
STREET ADDRESS					ADDRESS	22
CITY-ST-ZIP		with this films does not swelfer	6.4 CI	IY-SI	T-2IP	tated in Section 119 07(3)(i) Florida Statutes. I further certify that the information

egipanists with this timing colors has quality for the exemption stated in section 113-07(3)(i), Florida statutes. Further certify that the implemental 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in one of the chapter 607.

954-977-8111