

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8: 25

DOCUMENT # S72253 (5)

1. Corporation Name

VALIDATED TAPES, INC.

Principal Place of Business

3175 CONGRESS AVENUE
SUITE 206
PALM SPRINGS FL 33461
US

Mailing Address

3175 CONGRESS AVENUE
SUITE 206
PALM SPRINGS FL 33461
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/08/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0281328

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 3208 2ND Ave. North

26 SAME

Suite, Apt. #, etc

Suite, Apt. #, etc

22 H3

27

City & State

City & State

23 LAKE WORTH FL

28

24 33461 25 US

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROWN, DEBORAH
3175 CONGRESS AVENUE
SUITE 206
PALM SPRINGS FL 33461

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. 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

James H. Brown

James H. Brown VP

DATE

NOTE: Registered Agent signature required when terminating.

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VTD
NAME	BROWN, JAMES H.
STREET ADDRESS	791 SARAZEN DR.
CITY, ST, ZIP	W. PALM BCH. FL
TITLE	PSD
NAME	BROWN, DEBORAH A.
STREET ADDRESS	791 SARAZEN DR.
CITY, ST, ZIP	W. PALM BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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, unchanged, or on a attachment with an address.

SIGNATURE:

James H. Brown
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES H. BROWN
VP

4/26/95 407 434 0360
DATE (Type in Month & Day)