

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # S95968 (1)**

1. Corporation Name  
**ELTAN RECORDS, INC.  
542 LINCOLN ROAD  
MIAMI BEACH, FL 33139**

Principal Place of Business Mailing Address  
**542 LINCOLN ROAD MIAMI BEACH, FL 33139**      **542 LINCOLN ROAD MIAMI BEACH, FL 33139**

3. Date Incorporated or Qualified **11/21/1991**      3a. Date of Last Report **04/18/1995**  
4. FEI Number **65-0319495**      Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Elect on Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.03? Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
**ELLIS, SCOTT  
9 ISLAND AVE  
SUITE 609  
MIAMI BEACH, FL 33139**

10. Name and Address of New Registered Agent  
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 \_\_\_\_\_ (Type or printed name of registered agent and date of appointment)      (Type) Registered Agent sign name and date when reinstating      DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ELLIS, SCOTT</b>
STREET ADDRESS	<b>9 ISLAND AVE. NO. 609</b>
CITY - ST - ZIP	<b>MIAMI BEACH, FL 33139</b>
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	<b>D TANDY, GEORGE</b>
STREET ADDRESS	<b>20142 N.W. 58TH CT.</b>
CITY - ST - ZIP	<b>MIAMI, FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>D ELLIS, GLORIA</b>
3.3 STREET ADDRESS	<b>9 ISLAND AVE. NO. 609</b>
3.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33139</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>900001735039</b>
5.3 STREET ADDRESS	<b>-03/07/96--01013--009</b>
5.4 CITY - ST - ZIP	<b>***208.75</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 indicated on the 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 9 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **SCOTT E. ELLIS**      Date: **2/2/96**      305 **538-3381**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date: **15 3/16/96**

CR2E034 (12/95)