

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

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:59

DOCUMENT # V32482

(4)

1. Corporation Name

ACE'S RECORDS, INC.

Principal Place of Business

**1518 E. FOWLER AVENUE
TAMPA FL 33612**

Mailing Address

**1518 E. FOWLER AVENUE
TAMPA FL 33612**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/27/1992

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3118118

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**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DANCSECS, FRANK
1518 E. FOWLER AVENUE
TAMPA FL 33612**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	DANCSECS, FRANK
STREET ADDRESS	1518 E. FOWLER AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	D
NAME	DANCSECS, CONNIE
STREET ADDRESS	1518 E. FOWLER AVENUE
CITY - ST - ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	D/S/T	☒ Change ☐ Addition
1.2 NAME	DANCSECS, FRANK	
1.3 STREET ADDRESS	1518 E. FOWLER AVENUE	
1.4 CITY - ST - ZIP	TAMPA, FL 33612	
2.1 TITLE	D/P	☒ Change ☐ Addition
2.2 NAME	DANCSECS, CONNIE	
2.3 STREET ADDRESS	1518 E. FOWLER AVENUE	
2.4 CITY - ST - ZIP	TAMPA, FL 33612	
3.1 TITLE	V	☐ Change ☒ Addition
3.2 NAME	McKINNON, HEATHER	
3.3 STREET ADDRESS	1518 E. FOWLER AVENUE	
3.4 CITY - ST - ZIP	TAMPA, FL 33612	
4.1 TITLE	V	☐ Change ☒ Addition
4.2 NAME	BEARDEN, MICHAEL	
4.3 STREET ADDRESS	1518 E. FOWLER AVENUE	
4.4 CITY - ST - ZIP	TAMPA, FL 33612	
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 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 12 or Block 13 if certified, or on an attachment with an address.

SIGNATURE: *Frank Dancsecs* **FRANK DANCSECS** **3-16-95** **(813) 978-9655**