

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 # **V32482** (4)  
1. Corporation Name  
**ACE'S RECORDS, INC.**



Principal Place of Business Mailing Address  
**1518 E. FOWLER AVENUE** **1518 E. FOWLER AVENUE**  
**TAMPA FL 33612** **TAMPA FL 33612**

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

3. Date Incorporated or Qualified 3a. Date of Last Report  
**04/27/1992** **03/31/1995**  
4. FEI Number Applied For  
**59-3118118** 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

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 **HEATHER MCKINNON**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1518 E. FOWLER AVENUE**  
83  
84 City **TAMPA** **FL** 85 Zip Code **33612**

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 Heather McKinnon **HEATHER MCKINNON/PRES.** **4-30-96**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY-ST-ZIP  
DST DANCSECS, FRANK 1518 E. FOWLER AVENUE TAMPA FL ☒ DELETE  
DP DANCSECS, CONNIE 1518 E. FOWLER AVENUE TAMPA FL ☒ DELETE  
V MCKINNON, HEATHER 1518 E. FOWLER AVENUE TAMPA FL ☒ DELETE  
V BEARDEN, MICHAEL 1518 E. FOWLER AVENUE TAMPA FL ☒ DELETE  
☐ DELETE  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE D/P/S/T ☒ Change ☐ Addition  
1.2 NAME MCKINNON, HEATHER  
1.3 STREET ADDRESS 1518 E. FOWLER AVENUE  
1.4 CITY-ST-ZIP TAMPA, FL 33612  
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 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 changed, or on an attachment with an address.

SIGNATURE: Heather McKinnon  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**HEATHER MCKINNON 4-30-96 (813)978-9655**

Date Daytime Phone #

CR2E034 (12/95)