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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V49538

BRM RECORDS INC.

(4)

Principal Place of Business

Mailing Address

Secretary of State



FILED

Feb 05 1997 8:00am

1801 BAY ROAD 1801 BAY ROAI MIAMI BEACH FL 33139 MIAMI BEACH			5											
					-	3. Date Incorporated or Qualified 07/10/1992 04/10/1999					Report			
2. Principal Place of Business 2a. Mailing Address			Address				1	4. FEI Numb				A	pplied For	
21 26								65-035	7149				lot Applicable	
			Suite, Ap	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Addition: Fee Regulard						
			City 8 St	& State				6. Election C	Campaign Fig	nencing) May Be	
├ ─ ─┐ ′ ├─			28	¬ '					d Contributio	-		•	to Fees	
Zıp		Country	Zip Count			try		8. This corporation has liability for intangible tax under s. 199.03						
24	25		29 30					Florida Statutes 🔀 Yes 🗌 No						
		d Address of Curre	nt Registered Age	int					0. Name an	d Address (of New Re	egistered	Agent	
	CORPORATIO				8	31	Name							
1200 S. PINE ISLAND ROAD				8	32	Street	Address	(P.O. Box No	umber is No	t Accepta	ble)			
PLAI	NTATION FL 3	3124				33								
					ε	34	City					FL	85 Zip	Code
office or re	enistered anent	s of Sections 607.050 , or both, in the State and accept the oblig	ant Florida, Such o	thanne was au	thorized	hν	the cor	l corporal poration's	tion submits s board of di	this stateme rectors. I he	nt for the preby acce	purpose o	f changing pointment a	its registered s registered
SIGNATURE														
	Stgnarure typed or p	mited name of registered ag		(NOTE		Agen	nt signature	w benuper e	hen reinstating)		TO 055	DATE	- DIDEOTO	50 11 40
12.	PD	OFFICERS AN	ID DIRECTORS	DELETE	13.	Е		1	ADDITIONS	S/CHANGES	10 OFFI	CERS ANI	Change	Addition
TITLE	GIBB, BARR	v	L	_ DCCC/C	1.2 NAM								L., Orlange	L Addition
NAME STREET ADDRESS	1801 BAY F						ADDRESS							1
	MIAMI BEAC				1									1
CITY-ST-ZIP TITLE	PD	71116		DELETE	1.4 CfTY 2.1 TITL	_	1 - ZIP	 	·				Change	Addition
NAME	GIBB, MAUF	NCF	_		2.2 NAM									
STREET ADDRESS	1801 BAY R				1		ADDRESS							
CITY-ST-ZIP	MIAMI BEAC				2 4 CiT									
TITLE	PD			DELETE	3.1 TITL		, <u>, , , , , , , , , , , , , , , , , , </u>	1					Change	Addition
NAME	RIBB, ROBI	4			3.2 NAM								-	
STREET ADDRESS	1801 BAY F						ADDRESS							
CITY-ST-ZIP	MIAMI BEAC				3.4. CIT									
TITLE	ST			DELETE	4.1 TITL								☐ Change	Addition
NAME	ASHBY, RIC	HARD			4, 2 NAI	ME								
STREET ADDRESS	1801 BAY F	OAD			4.3 STR	EET /	ADDRESS	'						
CITY-ST-ZIP	MIAMI BEAC	⊁H FL			4.4 CITY	Y-ST	T- ZIP							
TITLE	AS		Ĺ	DELETE	5.1 TITL	£							Change	Addition
NAME	Gitomer, A				5.2 NAM	Æ								
STREET ADORESS	13 QUAKER				5.3 STR	EET	ADDRESS							
CITY-ST-ZIP	EAST BRUN	KSWICK NJ			5.4 CITY	Y - ST	T-ZIP				:			
TITLE				DELETE	6.1 TITL	.E							Change	Addition
NAME					6.2 NAN	Æ								
STREET ADDRESS					6.3 STR	EET /	adoress			4				
CITY - ST - ZIP	İ				6.4 CITY	Y - \$T	T-ZIP							

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 attribute that an address.

SIGNATURE: