

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V53143** (6)

1. Corporation Name  
**INFLUX RECORDS, INC.**

Principal Place of Business      Mailing Address  
**277 W. 26TH STREET**      **277 W. 26TH STREET**  
**HALEAH FL 33010**      **HALEAH FL 33010**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or qualified <b>07/24/1992</b>	3a. Date of last report <b>08/25/1994</b>
4. FEI Number <b>65-0361327</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under § 199.012, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**RISPOLLI, GABE, JR.**  
**277 WEST 26TH STREET**  
**HALEAH FL 33010**

10. Name and Address of New Registered Agent

81. Name

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

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 602.04(1) and (2) 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 law by 607.012(1) Florida Statutes.

SIGNATURE *X* \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
11. NAME <b>V</b> <b>LASTRE, RICARDO D.</b>	12. STREET ADDRESS <b>277 W. 26TH STREET</b>	14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. CITY, ST, ZIP <b>HALEAH FL</b>		15. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
9. NAME <b>P</b> <b>RISPOLLI, GABE, JR.</b>	11. STREET ADDRESS <b>277 W. 26TH STREET</b>	16. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. CITY, ST, ZIP <b>HALEAH FL</b>		17. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		18. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. STREET ADDRESS		19. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. CITY, ST, ZIP		20. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		21. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. STREET ADDRESS		22. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. CITY, ST, ZIP		23. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1. NAME		24. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		25. STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is substantially true and correct and equally for the corporation stated in law by 199.012(1) Florida Statutes. I further certify that the information submitted on this annual report or supplementary annual report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the receiver or trustee empowered to execute the report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report or on an attachment with an address.

SIGNATURE: *X* \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5-19-95      888-3902

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1995



FLORIDA DEPARTMENT OF STATE  
LARRY B. MURPHY  
Secretary of State  
Tallahassee, Florida 32399-0001

MAY 22 1995 10:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **V53369** (7)  
LADY DIANE, INC.

Principal Place of Business: 4091 TRACY ANN RD JACKSONVILLE FL 32223  
Mailing Address: 4091 TRACY ANN RD JACKSONVILLE FL 32223

(EXACTLY WRITE IN THIS SPACE)

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Dissolved	3a. Date of Last Report
21. Scale: April # of	26. State: April # of	07/23/1992	04/07/1994
22. City & State	27. City & State	4. FEI Number	Applied For / Not Applicable
23. City	28. City & State	59-3137689	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. City	29. City		6. Election Campaign Financing / Trust Fund Contributions <input type="checkbox"/> \$5.00 May Be Added to Fees
25. City	30. City		7. This corporation has liability for intangible tax under § 199.039 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent								
HEADLEY, CHARLES W. 4091 TRACY ANN RD JACKSONVILLE FL 32223	<table border="1"> <tr> <td>B1. Name</td> <td></td> </tr> <tr> <td>B2. Street Address (P.O. Box Number is Not Acceptable)</td> <td></td> </tr> <tr> <td>B3.</td> <td></td> </tr> <tr> <td>B4. City</td> <td>FL B5. Zip Code</td> </tr> </table>	B1. Name		B2. Street Address (P.O. Box Number is Not Acceptable)		B3.		B4. City	FL B5. Zip Code
B1. Name									
B2. Street Address (P.O. Box Number is Not Acceptable)									
B3.									
B4. City	FL B5. Zip Code								

11. Pursuant to the provisions of Sections 607.02(4) and 607.1408, Florida Statutes, this 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 607.02(4), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES, TO OFFICERS AND DIRECTORS IN 1.	
1. NAME	PD HEADLEY, CHARLES W. 4091 TRACY ANN RD JACKSONVILLE FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
7. NAME		7. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. NAME		8. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(9)(b), Florida Statutes. I further certify that the information included in this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I will retain an office or desk for the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on Block 12 of Block 13 (Change) or on an attached report with an address.

SIGNATURE: *Charles W. Headley* CHARLES W. HEADLEY Pres. 5-17-95 904-268-5764  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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MAY 20 1994 10:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matheson  
Secretary of State  
Tallahassee, Florida 32399-0001

DOCUMENT # **V53371** (3)  
HEADLEY, INC.

Principal Place of Business: **4091 TRACY ANN RD JACKSONVILLE FL 32223**  
Mailing Address: **4091 TRACY ANN RD JACKSONVILLE FL 32223**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **07/23/1992**  
3a. Date of Last Report: **04/07/1994**  
4. FEI Number: **59-3137685**  
5. Certificate of Status Design:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability intangible tax under S 199.039 Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent:  
**HEADLEY, CHARLES W.  
4091 TRACY ANN RD  
JACKSONVILLE FL 32223**

10. Name and Address of New Registered Agent:  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. Pursuant to the provisions of Sections 199.03 and 199.0308 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, thereby accepted the appointment as registered agent. I am familiar with and assent to the provisions of Section 199.0308 Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
12.1 NAME: <b>PD HEADLEY, CHARLES W.</b>	12.2 STREET ADDRESS: <b>4091 TRACY ANN RD JACKSONVILLE FL</b>	13.1 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 CITY: <b>JACKSONVILLE</b>	12.4 STATE: <b>FL</b>	13.2 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 CITY: <b>JACKSONVILLE</b>	12.6 STATE: <b>FL</b>	13.3 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 CITY: <b>JACKSONVILLE</b>	12.8 STATE: <b>FL</b>	13.4 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 CITY: <b>JACKSONVILLE</b>	12.10 STATE: <b>FL</b>	13.5 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 CITY: <b>JACKSONVILLE</b>	12.12 STATE: <b>FL</b>	13.6 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.13 CITY: <b>JACKSONVILLE</b>	12.14 STATE: <b>FL</b>	13.7 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.15 CITY: <b>JACKSONVILLE</b>	12.16 STATE: <b>FL</b>	13.8 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 CITY: <b>JACKSONVILLE</b>	12.18 STATE: <b>FL</b>	13.9 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.19 CITY: <b>JACKSONVILLE</b>	12.20 STATE: <b>FL</b>	13.10 NAME:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am qualified to be the registered agent for the corporation. 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 199, Florida Statutes, and that my name appears on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Charles W. Headley* **CHARLES W. HEADLEY, PRES** Date: **5-17-95** 704-268-5764