

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 13, 2000 8:00 am
Secretary of State

03-13-2000 90021 045 ***150.00

DOCUMENT # G77086

1. Entity Name
INDEPENDENT RECORD CORPORATION

Principal Place of Business C/O BETTE KESTER CONRAD, ESQ. 777 S. FLAGLER DR. STE 500 WEST PALM BEACH FL 33401	Mailing Address C/O BETTE KESTER CONRAD, ESQ. 777 S. FLAGLER DR. STE 500 WEST PALM BEACH FL 33401-6161
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2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **59-2388034** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VAN ANDEL, PETER
777 S. FLAGLER DRIVE
SUITE 500
W PALM BCH. FL 33401

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	DPT	SOKOL, ALBERT J.	319 EL VEDADO PALM BEACH FL				
	D	SOKOL, ALBERT J.	319 EL VEDADO PALM BEACH FL				
	S	KENNY, LISE	312 E. LAKEWOOD RD WEST PALM BEACH FL				

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lise Dalbo Kenny, As Secretary* Date: **3-3-00** Daytime Phone #: **(561) 659-5198**