

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **371143** (9)

1. Corporation Name
MARSHALL GRANT ORCHESTRAS, INC.

Principal Place of Business Mailing Address
1750 NORTH FLORIDA MANGO ROAD, SUITE 103 WEST PALM BEACH FL 33409-5214 **1750 NORTH FLORIDA MANGO ROAD, SUITE 103 WEST PALM BEACH FL 33409-5214**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **10/13/1970** 3a. Date of Last Report **04/19/1994**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **C/o Robert S. Levy Suite 502**
22 City & State **27** **1655 Palm Beach Lakes Boulevard**
23 **West Palm Beach**
24 Zip **25** Country **29** **33401** **30** **USA**

4. FEI Number **59-1313727** 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

9. Name and Address of Current Registered Agent
GRANT, MARSHALL
1750 NORTH FLORIDA MANGO ROAD
SUITE 103
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name **Robert S. Levy**
82 Street Address (P.O. Box Number is Not Acceptable) **Suite 502, The Forum**
83 **1655 Palm Beach Lakes Boulevard**
84 City **West Palm Beach** **85** Zip Code **FL 33401**

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 officer 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 Robert S. Levy *Robert S. Levy* **4/24/95**
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	PD
NAME	GRANT, MARSHALL
STREET ADDRESS	1750 N FLORIDA MANGO
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	STD
NAME	GRANT, DOLORES
STREET ADDRESS	1750 N FLORIDA MANGO
CITY - ST - ZIP	WEST PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Delete
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD Dolores Grant
2.3 STREET ADDRESS	135 Gregory Place
2.4 CITY - ST - ZIP	West Palm Beach, Florida 33405
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(3)(b), 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: Dolores Grant, President **4-24-95** **407/582-6708**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE (Daytime Phone #)