

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

FILED

97 MAY -1 PH 2: 27

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # **F95000000106 (3)**

1. Corporation Name
BROADWAY BLUES OF VERO BEACH, INC.

Principal Place of Business
**4310 OLD MCDONOUGH RD.
CONLEY GA 30027**

Mailing Address
**4310 OLD MCDONOUGH RD.
CONLEY GA 30027-1532**

3. Date Incorporated or Qualified **01/06/1995** 3a. Date of Last Report **10/11/1996**

2. Principal Place of Business
21. Suite Apt #, etc
22. City & State
23. Zip Country
24. Zip Country

4. FEI Number **58-2147654** 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
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	HAUCK, DAVID W	
STREET ADDRESS	4310 OLD MCDONOUGH RD.	
CITY-ST-ZIP	CONLEY GA 30027	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SHOOPMAN, AUDREL L	
STREET ADDRESS	4310 OLD MCDONOUGH RD.	
CITY-ST-ZIP	CONLEY GA 30027	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SNYDER, GARY E	
STREET ADDRESS	4310 OLD MCDONOUGH RD.	
CITY-ST-ZIP	CONLEY GA 30027	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	Gerardo, Robert W.	
STREET ADDRESS	4310 Old McDonough Rd.	
CITY-ST-ZIP	Conley GA 30027	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHOOPMAN, AUDREY
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 checked="" 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	

Handwritten notes: **Correction**, **200002162342**, **-05/01/97--01078--019**, ******165.00 ****165.00**

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 amendment with an address.

SIGNATURE: _____ **Gary E. Snyder, Secretary** 4-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)