

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

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98 APR 29 PM 3:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F9500000106 (3)**  
1. Corporation Name  
**BROADWAY BLUES OF VERO BEACH, INC.**

Principal Place of Business <b>4310 OLD MCDONOUGH RD. CONLEY GA 30027</b>	Mailing Address <b>4310 OLD MCDONOUGH RD. CONLEY GA 30027</b>
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3. Date Incorporated or Qualified <b>01/06/1995</b>	4. FEI Number <b>58-2147654</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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>4963 S. Royal Atlanta Dr.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>4963 So. Royal Atlanta Dr.</b> Suite, Apt. #, etc.
22 City & State <b>Tucker GA 30084</b>	27 City & State <b>Tucker GA 30084</b>
23 Zip <b>30084</b>	28 Zip <b>30084</b>
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent  
**NRAI SERVICES, INC.  
528 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
85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 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	<b>PTD</b>	<input type="checkbox"/> DELETE
NAME	<b>HAUCK, DAVID W</b>	
STREET ADDRESS	<b>4310 OLD MCDONOUGH RD.</b>	
CITY-ST-ZIP	<b>CONLEY GA 30027</b>	
TITLE	<b>V</b>	<input type="checkbox"/> DELETE
NAME	<b>SHOOPMAN, AUDREY</b>	
STREET ADDRESS	<b>4310 OLD MCDONOUGH RD.</b>	
CITY-ST-ZIP	<b>CONLEY GA 30027</b>	
TITLE	<b>S</b>	<input type="checkbox"/> DELETE
NAME	<b>SNYDER, GARY E</b>	
STREET ADDRESS	<b>4310 OLD MCDONOUGH RD.</b>	
CITY-ST-ZIP	<b>CONLEY GA 30027</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>GERARDO, ROBERT W</b>	
STREET ADDRESS	<b>4310 OLD MCDONOUGH RD.</b>	
CITY-ST-ZIP	<b>CONLEY GA 30027</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>Director/ Chairman</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Hauck, David W.</b>	
1.3 STREET ADDRESS	<b>4963 South Royal Atlanta Dr.</b>	
1.4 CITY-ST-ZIP	<b>Tucker GA 30084</b>	
2.1 TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Orr, Kenneth R.</b>	
2.3 STREET ADDRESS	<b>4963 So. Royal Atlanta Dr.</b>	
2.4 CITY-ST-ZIP	<b>Tucker GA 30084</b>	
3.1 TITLE	<b>VP/S</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Snyder, Gary E.</b>	
3.3 STREET ADDRESS	<b>4963 So. Royal Atlanta Dr.</b>	
3.4 CITY-ST-ZIP	<b>Tucker GA 30084</b>	
4.1 TITLE	<b>CFO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Gerardo, Robert W.</b>	
4.3 STREET ADDRESS	<b>4963 So. Royal Atlanta Dr.</b>	
4.4 CITY-ST-ZIP	<b>Tucker GA 30084</b>	
5.1 TITLE	<b>Controller</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Owens, R. Steven</b>	
5.3 STREET ADDRESS	<b>4963 So. Royal Atlanta Dr.</b>	
5.4 CITY-ST-ZIP	<b>Tucker GA 30084</b>	
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 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 attachment with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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4-28-98