

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90008 033 ****70.00

0053894

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N36996

1. Corporation Name
AMERICAN FEDERATION OF MUSICIANS TAMPA BAY, LOCA L 427-721, INC.

Principal Place of Business: 5175 ULMERTON ROAD STE. A CLEARWATER FL 33760 US
 Mailing Address: P.O. BOX 12333 ST. PETERSBURG FL 33733 US



21	2. Principal Place of Business	2a	2a. Mailing Address	3	3. Date Incorporated or Qualified	
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		03/09/1990	
22	City & State	27	City & State	4	4. FEI Number	Applied For
	Ste. A				59-0371362	Not Applicable
23	Zip	28	Country	5	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	33760				<input checked="" type="checkbox"/>	
24	Country	29	Country	6	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
					<input type="checkbox"/>	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
O'CONNOR PAUL R. 4388-50TH PLACE SOUTH ST. PETERSBURG FL 33711				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD	1.1 TITLE	D
NAME	SIEBERN, ROBERT	1.2 NAME	Menendez, Frank
STREET ADDRESS	9938 39TH WAY	1.3 STREET ADDRESS	17600 Brown Rd.
CITY-ST-ZIP	PINELLAS PARK FL	1.4 CITY-ST-ZIP	Odessa, FL 33556
TITLE	D	2.1 TITLE	D
NAME	BAWEL, KARL	2.2 NAME	Thomas, Alan
STREET ADDRESS	2649 PEACHTREE CIR E	2.3 STREET ADDRESS	5306 Central Ave
CITY-ST-ZIP	CLEARWATER FL 33761	2.4 CITY-ST-ZIP	Tampa, FL 33603
TITLE	D	3.1 TITLE	D
NAME	JENNINGS, VANCE	3.2 NAME	Vinas Robert
STREET ADDRESS	6226 SOARING AVE	3.3 STREET ADDRESS	5230 72nd Ave N.
CITY-ST-ZIP	TAMPA FL 33617	3.4 CITY-ST-ZIP	Pinellas Park, FL 33781
TITLE	PD	4.1 TITLE	
NAME	RICE, CHARLES A.	4.2 NAME	
STREET ADDRESS	11780 110TH TER N.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LARGI FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HENDERSON, JOHN	5.2 NAME	
STREET ADDRESS	2322 INDIGO DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	5.4 CITY-ST-ZIP	
TITLE	STD	6.1 TITLE	
NAME	O'CONNOR, PAUL R	6.2 NAME	
STREET ADDRESS	4388 50TH PL S.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED Paul R O'Connor 1/4/99 (727) 572-7977
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRZE037 (11/98)