

FILE NOW: FILING FEE IS \$61.25

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**Apr 10 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47928 (9)
1. Corporation Name
ALL COUNTY MUSIC SCHOLARSHIP FOUNDATION, INC.



Principal Place of Business 6136 UNIVERSITY DR TAMARAC FL 33321	Mailing Address 6136 UNIVERSITY DR TAMARAC FL 33321
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3. Date Incorporated or Qualified
03/18/1992

4. FEI Number
65-0339918

Applied For	<input type="checkbox"/>
Not Applicable	<input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**FREDERICK, SCHIFF
6136 UNIVERSITY DR
TAMARAC FL 33321**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD SCHIFF, FREDERICK	1.1 TITLE	
NAME	4837 CHARDONNAY DR	1.2 NAME	
STREET ADDRESS	CORAL SPRINGS FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SCHIFF, MEL	2.1 TITLE	D
NAME	7633B LEXINGTON CLUB BLVD.	2.2 NAME	Schiff, Mel
STREET ADDRESS	DELRAY BEACH FL 33446	2.3 STREET ADDRESS	7633B Lexington Club Blvd
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Delray Beach FL 33446
TITLE	TD SCHIFF, SALLY	3.1 TITLE	S/T/D
NAME	7633B LEXINGTON CLUB BLVD.	3.2 NAME	Jody Schiff
STREET ADDRESS	DELRAY BEACH FL 33446	3.3 STREET ADDRESS	4837 Chardonay Drive
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Coral Springs FL 33067
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Frederick R Schiff* Frederick R. Schiff 3-18-98 (954) 722-3427

CFR2E037 (10/97)