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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N96000006580

1. Corporation Name
SONGWRITERS IN THE ROUND, INC.

Principal Place of Business Mailing Address
~~5101 COLLINS AVE~~ ~~APT 10-H FL 33140~~
MIAMI BEACH, FL 33140 **MIAMI BEACH, FL 33140**



21	2. Principal Place of Business 5101 Collins Avenue	2a	2a. Mailing Address 5101 Collins Avenue	3.	Date Incorporated or Qualified 12/20/1996
22	Suite, Apt. #, etc. Suite #10-H	27	Suite, Apt. #, etc. Suite #10-H	4.	FEI Number 65-0711194
23	City & State MIAMI BEACH, FL	28	City & State MIAMI BEACH, FL	5.	Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip 33140	29	Zip 33140	6.	Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country USA	30	Country USA		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MAHONEY, ROBERT F CPA 3801 N. FEDERAL HIGHWAY POMPANO BEACH FL 33064		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 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	TD	1.1 TITLE	TD
NAME	BRENT, CHARLES	1.2 NAME	BRENT, CHARLES
STREET ADDRESS	401 60TH STREET, STE. 7-D	1.3 STREET ADDRESS	5101 Collins Avenue Suite #10-H
CITY-ST-ZIP	MIAMI BEACH FL	1.4 CITY-ST-ZIP	Miami Beach, FL 33140-2726
TITLE	PD	2.1 TITLE	
NAME	CHILD, DESMOND	2.2 NAME	
STREET ADDRESS	6401 PINETREE DRIVE CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	PD
NAME	MORASKIE, ELLEN	3.2 NAME	MORASKIE, ELLEN
STREET ADDRESS	763 COLLINS AVE., #301	3.3 STREET ADDRESS	763 Collins Avenue #301
CITY-ST-ZIP	MIAMI BEACH FL 33139	3.4 CITY-ST-ZIP	Miami Beach FL 33139
TITLE	SP-VPD	4.1 TITLE	VPD
NAME	HARTIGAN, CHRYSAL	4.2 NAME	HARTIGAN, CRYSTAL
STREET ADDRESS	1735 N.E. 149 ST	4.3 STREET ADDRESS	1735 NE 149 Street
CITY-ST-ZIP	MIAMI FL 33181	4.4 CITY-ST-ZIP	Miami, FL 33181
TITLE		5.1 TITLE	SD
NAME		5.2 NAME	Edward John Swihura III
STREET ADDRESS		5.3 STREET ADDRESS	21133 SW 85 Avenue #113
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami FL 33189
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, with all other like empowered.

SIGNATURE: CHARLES BRENT Date: 2/10/99 Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)