

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Apr 19, 1999 8:00 am**  
**Secretary of State**

04-19-1999 90075 042 \*\*\*\*61.25

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NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N98000002903**

1. Corporation Name

**SOUTH FLORIDA MUSICIANS' ASSOCIATION, LOCAL 655, INC.**

Principal Place of Business  
 2725 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020

Mailing Address  
 2725 HOLLYWOOD BLVD.  
 HOLLYWOOD FL 33020



2. Principal Place of Business		2a. Mailing Address		3. Date incorporated or Qualified <b>05/20/1998</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>59-035-893.0</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>GRAVES, PETER</b> 2725 HOLLYWOOD BLVD. HOLLYWOOD FL 33020				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: \_\_\_\_\_ 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	PSD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, PETER	1.2 NAME	TD Apqna, Jeffrey
STREET ADDRESS	15040 WINDOVER WAY	1.3 STREET ADDRESS	1609 NE 17 St.
CITY-ST-ZIP	FORT LAUDERDALE FL 33331	1.4 CITY-ST-ZIP	Ft. Lauderdale FL 33305
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOX, LISA	2.2 NAME	Hennes, Randy Singer
STREET ADDRESS	4026 N CIRCLE DRIVE	2.3 STREET ADDRESS	2667 NW 33 ST
CITY-ST-ZIP	HOLLYWOOD FL 33021	2.4 CITY-ST-ZIP	Ft. Lauderdale FL 33309
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	APANA, JEFFREY	3.2 NAME	MacDonald, Stuart
STREET ADDRESS	4071 N DIXIE HWY APT 23	3.3 STREET ADDRESS	12905 SW 74 CT
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	3.4 CITY-ST-ZIP	Miami FL 33156
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAHLER, LESLIE	4.2 NAME	Scafati, Guy
STREET ADDRESS	4041 NW 35 AVENUE	4.3 STREET ADDRESS	821 CROTON DR.
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	4.4 CITY-ST-ZIP	Royal Palm Beach FL 33411
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALLARD, HOLLY	5.2 NAME	
STREET ADDRESS	835 NE 18 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33305	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGE, RENE	6.2 NAME	
STREET ADDRESS	250 SAN LORENZO AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33146	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: \_\_\_\_\_ DATE: \_\_\_\_\_ Daytime Phone # \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E03Z (11/98)