

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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 MAY -1 PM 2: 31

SECRETARY OF STATE
TALLAHASSEE FLORIDA



DOCUMENT # **P30431** (1)

1. Corporation Name
BROADWAY BLUES OF FLORIDA, INC.

Principal Place of Business: **4310 OLD MCDONOUGH ROAD CONLEY GA 30027**
Mailing Address: **4310 OLD MCDONOUGH ROAD CONLEY GA 30027-1532**

3. Date Incorporated or Qualified: **07/18/1990**
3a. Date of Last Report: **04/30/1996**

2. Principal Place of Business: 21
2a. Mailing Address: 26

4. FEI Number: **58-1885702**
Applied For: Not Applicable

22 Suite, Apt #, etc.: 27

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23 City & State: 28

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24 Zip: 25 Country: 29 Zip: 30 Country:

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**NRAI SERVICES, IBC,
528 E. PARK AVENUE
TALLAHASSEE FL 32301**

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 607.0502 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)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HAUCK, DAVID W.	
STREET ADDRESS	4310 OLD MCDONOUGH ROAD	
CITY-ST-ZIP	CONLEY GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ORR, KENNETH R.	
STREET ADDRESS	4310 OLD MCDONOUGH ROAD	
CITY-ST-ZIP	CONLEY GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SNYDER, GARY E.	
STREET ADDRESS	4310 OLD MCDONOUGH ROAD	
CITY-ST-ZIP	CONLEY GA	
TITLE	CFO	<input type="checkbox"/> DELETE
NAME	HANDMACHER, BURTON E.	
STREET ADDRESS	4310 OLD MCDONOUGH RD	
CITY-ST-ZIP	CONLEY GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CFO
4.3 STREET ADDRESS	Gerardo, Robert W.
4.4 CITY-ST-ZIP	4310 Old McDonough Rd. Conley GA 30027
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 do 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: **Gary E. Snyder, Secretary** Date: **4-30-97**

CR2E034 (9/96)