

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT

1995



DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

APPROVED:
AND
FILED

05 MAY 1995 10:24

DOCUMENT # P93000041345 (8)

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

MUSIC ENTERPRISES, INC.

15716 N DALE MABRY HWY
TAMPA FL 33618
US

12618 TRUCIOUS PLACE
TAMPA FL 33625

DO NOT WRITE IN THIS SPACE

| | | | |
|--|--------------------------------|-----------------------------|--|
| 3. Date of Incorporation (or Qualification) | | 3a. Date of Last Report | |
| 06/03/1993 | | 05/01/1994 | |
| 4. FE Number | Approved Fee | | |
| 59-3195497 | Not Applicable | | |
| 5. Certificate of Status Desired | \$8.75 Additional Fee Required | | |
| 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees | | |
| 6. This corporation has adopted a resolution to waive its right to Florida Statute | | | |
| <input checked="" type="checkbox"/> Yes | | <input type="checkbox"/> No | |

| | | | | | | | |
|--|--|--|--|---|----|--------------|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MASSE, MICHAEL P 12618 TRUCIOUS PLACE TAMPA FL 33625 | | | | 81. Name | | | |
| | | | | 82. Street Address (P. O. Box Number is Not Acceptable) | | | |
| | | | | 83. City | | | |
| | | | | 84. State | FL | 85. Zip Code | |

11. I, the undersigned, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

12. I, the undersigned, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

| 12. OFFICERS AND DIRECTORS | 13. ADULTS GUARANTY TO OFFICERS AND DIRECTORS |
|--|--|
| D MASSE, MICHAEL P 12618 TRUCIOUS PL TAMPA FL 33625 | <input type="checkbox"/> Change <input type="checkbox"/> Approve |
| D MASSE, SHARON S 12618 TRUCIOUS PL TAMPA FL 33625 | <input type="checkbox"/> Change <input type="checkbox"/> Approve |
| D MASSE, JOSEPH G 13548 AVISTA DR TAMPA FL 33624 | <input type="checkbox"/> Change <input type="checkbox"/> Approve |
| D MASSE, SANDRA M 13548 AVISTA DR TAMPA FL 33624 | <input type="checkbox"/> Change <input type="checkbox"/> Approve |

14. I, the undersigned, being duly sworn, depose and say that the above information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief, and that the information is true and correct to the best of my knowledge and belief.

SIGNATURE: *Michael P. Masse*
MICHAEL P. MASSE, Director

4/27/95

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