

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000029128 (3)**

1. Corporation Name  
**DR. MUSIC, INC.**

Principal Place of Business: **481 N HWY 434 ALTAMONTE SPRINGS FL 32714**  
Mailing Address: **481 N HWY 434 ALTAMONTE SPRINGS FL 32714**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/14/1994**  
3a. Date of Last Report  
4. FEI Number: **59-32525-15**  
Applied For:  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**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30  
Suite, Apt. #, etc.: 22  
City & State: 23  
Zip: 24, 25  
Country: 25, 29, 30

9. Name and Address of Current Registered Agent

**GARDNER, MARGIE A  
481 N HWY 434  
ALTAMONTE SPRINGS FL 32714**

Delete

10. Name and Address of Now Registered Agent

81 Name: **Deborah Rosenbers**  
82 Street Address (P.O. Box Number is Not Acceptable): **481 N Hwy 434**  
83  
84 City: **Altamonte Springs FL**  
85 Zip Code: **32714**

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: *Deborah Rosenbers*

NOTE: Registered Agent signature required when translating. DATE:

12. OFFICERS AND DIRECTORS

TITLE	DP
NAME	GARDNER, EDWIN A
STREET ADDRESS	481 N HWY 434
CITY - ST - ZIP	ALTAMONTE SPRINGS FL 32714
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Deborah Rosenbers	
13 STREET ADDRESS	481 N Hwy 434	
14 CITY - ST - ZIP	Altamonte Springs FL 32714	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *Deborah Rosenbers*      *Deborah Rosenbers* 4-11-95      788-6686