05-05-1999 90198 032 \*\*\*150.00

## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**PROFIT** CORPORATION **ANNUAL REPORT** 

1999



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

**DOCUMENT #** P98000050951

TREMONTI/STAPP MUSIC, INC.

Principal Place of Busine
1539 FERNANDO DR.
TALLAHASSEE EL 32303

Mailing Address

1539 FERNANDO DR. TALLAHASSEE FL 32303



DO NOT WRITE IN THIS SPACE

								3. Date Incorporated or Qualified				
2. Principal P	lace of Busin	iess		2a. Mailir	ng Address					4. FEI Number Applied For		
21				26						59-3523598 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired \$8.75 Additional		
22			27						Fee Required			
City & Stat	te	<u>-</u> '	City & State -					6. Election Campaign Financing \$5.00 May Be				
23	<del></del>	28						Trust Fund Contribution Added to Fees				
Žip	Country				Zip			,		8. This corporation owes the current year		
24		29 30						Intangible Personal Property. Yes No				
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81 Name												
HANSON, JEFF								81 Name				
							82 Street Address (P.O. Box Number is Not Acceptable)					
	FERNAND							<u> </u>		<del></del>		
IALL	LAHASSEE	FL 32303			( <del>8</del> :			3				
							City		85 Zip Code			
							84	City		FL (3) 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		(				01100 010		-				
SIGNATURE	Signature, typed	or printed name of registe	red agent an	d title if applicat	rie. (N	OTE: Regist	ered A	gent sign	ature requi	ired when reinstating) DATE		
12.		OFFICE	RS AND	DIRECTOR	s	13.				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE .	DP				DELETE	1.1 T	ITLE			Change Addition		
NAME	TREMONT	1, Mark				1.2 N	AME		1			
STREET ADDRESS	<b>)</b> = = ==				1.3 ST			ADDRES	;			
CITY-ST-ZIP	TALLAHAS	SSEE FL 32316	• •			1.4 C	TY-ST	-ZIP	}			
TITLE	DP				DELETE	2.1 1	TLE		<del>                                     </del>	Change Addition		
NAME.	STAPP, S	COTT				2.2 N	AME					
STREET ADDRESS	P.O. BOX		2.3 ST			TREET	ADDRES	s {				
CITY-ST-ZIP		SSEE FL 32316	(NA)			240	ITY-ST	-710	-			
TITLE	77 (2.34) 17 17 14	DOLL IL OLOID			DELETE	3.1 T			+	Change Addition		
NAME	منطقة منطقة بروة بيتوسم											
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CITY-ST-ZIP							TY-ST-					
TITLE					DELETE	4.1 TI	_	-217	+-	Change Addition		
NAME	İ				∟] DECE IC	4.2 N			Í	] Change [] Addition		
STREET ADDRESS						1		ADDRESS	.			
1								ADDRES:	` {			
CITY-ST-ZIP					Doguest	5.1 TI	TY-ST-	-212	+-			
NAME					DELETE					L Change L Addition		
	ı					5.2 N			1			
STREET ADDRESS								ADDRESS				
HTY-ST-ZIP	<del></del>				<del></del>	_	TY-ST-	-ZIP				
ITLE					L_) DELETE	6.1 Ti				L_ Change _ Addition		
AME						6.2 N	AME		Ì			
TREET ADDRESS						6.3 ST	REET	ADDRESS				
TY-ST-ZIP							TY-ST-					
4. I hereby ce	ertify that the	information supplie	d with thi	s filing does	not qualify for the	he exem	otion	stated	in section	on 119.07(3)(i), Florida Statutes. I further certify that the information		

another or director of the corporation or the precise and accurate and mat 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 precise empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** 

Daytime Phone #