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

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

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

(5)

	FII	LED	)
Mar (	)5 19	998	8:00am
Sec	retar	y of	f State

HALL	: PIANO, INC.				
Principal Plac	ce of Business	Mailing Address			
· .		<b>~</b>			
880 SW 10   BAY 4	J RYE.	BBO SW 10 AVE. BAY 4		<b>\</b>	
	BEACH FL 33069	POMPANO BEACH FL	33069	DO NOT WRITE IN THIS	S SPACE
US		US		3. Date Incorporated or Qualified	
				05/13/1963	
_	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1141357	Not Applicable
Suite, Apt	. #, @tC.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	fo	City & State			
	te .	28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country		
24	25	29	30	<ol> <li>This corporation owes or has paid the corporation of the Supersonal Property Tax due June 30.</li> </ol>	Yes No
	g. Name and Address of Curren		1001	10. Name and Address of New Registered	
	HALE,C K		81 Name		
	BBO SW 10TH AVE		00 00-10-1	dear (D.O. Dec. Marsharia Net Assessments)	
	POMPANO BCH FL 33069		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
•	OMITATO DOTT L COODS		83		
			84 City	FI	L 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	es, the above-named co		
office or agent, it	registered agent, or both, in the State	of Florida. Such change was a itions of Species 607,0505. Flo	authorized by the corpora orida Statutes.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	pointment as registered
SIGNATURE	MO CHANGE	IN REGIO	STEREN	AGENT - SORR	<b>√</b> /
SIGNATOR	Ungrature typed or printed name of registered ager	nt and tillo il applicable. (NOTE	E: Registered Agent signature ret	ulred when reinstating) DATE	· · -
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	C	☐ DELETE	1.1 TiTL€		☐ Change ☐ Addition ☐
NAME	HALE,C K		1.2 NAME		5
STREET ADDRESS	880 SW 10TH AVE		1.3 STREET ADDRESS		ارَّا
CITY-ST-ZIP	POMPANO BCH FL	T priese	1.4 CITY-ST-ZIP		
TITLE	S SATTIST DATES	DELETE	21 TITLE		Change Addition C
NAME	GUNTHER, PATRICIA K.		22 NAME		
STREET ADDRESS	880 SW 10 AVENUE 4		2.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL	Douette	2. 4 CITY-ST-ZIP		Dharas Addition
TITLE	DOLLARY K	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME ATTICET ADDRESS	POLLACK, K.		3.2 NAME		
STREET ADDRESS	880 SW 10TH AVENUE		3.3 STREET ADDRESS		
CITY-ST-ZIP	POMPAN BEACH FL	DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE	TV   HILLS, S.	□ DECEIG	4.1 TITLE		Change Addition '
NAME			4, 2 NAME		
STREET ADDRESS	880 SW 10TH AVENUE POMPANO BEACH FL		4.3 STREET ADDRESS		•
CITY-ST-ZIP TITLE	FUMFANU DEAUTI FL	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change   F
		L. DELEIL			L Onenge Life
NAME STOTET ADDRESS	1		5.2 NAME		antill'
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	1		= KAPHY.VI.70		No.
11166	<del></del>	DEI ETE	5.4 CITY-ST-ZIP	·	Change S
61455		DELETE	6.1 TITLE	······································	Change C
NAME STREET ADDRESS		DELETE			Change

14. Thereby 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 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 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 appear Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SECRETARY 2/27/98 (954) 942-141