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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 303263

(8)

Mailing Address

WEST COAST MUSIC COMPANY

FILED Apr 29 1997 8:00am Secretary of State

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103 104TH AVE TREASURE ISU		103 104TH AVENUE Treasure Island FL 333	706-4804					
					3. Date Incorporated or Qualified 03/23/1966	3a. Date of Li 04/25/19		
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	1	Applied For	
21		26			59-1140718	<u> </u>	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State	е	City & State	K-885-W-21/W-21		6. Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip	Country	Zio	Countr	у	8. This corporation has liability for in	ntangible tax und		
24	25	29 30 Florida Statutes Yes No						
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Reg	Istered Agent		
	ISANO, ERNESTINE E		8.	Name				
6331- 4TH PALM PT ST PETERSBURG, FL ST PETERSBURG BEACH FL 33706		82	Street Add	Street Address (P.O. Box Number is Not Acceptable)				
		83	3					
			84	City		FL 85	Zip Code	
11. Pursuant office or r agent. I a	to the provisions of Sections 607.050 registered agent, or both, in the State im familiar with, and accept the obliga	2 and 607.1508, Florida Statut of Florida. Such change was a ations of, Section 607.0505, Flo	os, the abor authorized b orida Statute	ve-named cor by the corpora es.	poration submits this statement for the pi ation's board of directors. I hereby accep		ing its registered it as registered	
SIGNATURE								
12.	Signature, typed or printed name of registered age OFFICERS ANI		Hogistered A	yont signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	TORS IN 12	
TITLE	DT	DELFTE	1.1 1111.6		ADDITIONS/OFFARES TO OFFICE	Cha		
NAME	TOLISANO, JAMES F. JR.		1.2 NAME				ngo noonion	
STREET ADDRESS	465 56TH ST. NO.			T ADORESS				
CITY-ST-ZIP	ST. PETERSBURG FL		1,4 CITY-					
TITLE	PD	☐ DELETE	2.3 HTLF	23.52	· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition	
NAME	TOLISANO, ERNESTINE E		2.2 NAME					
STREET ADDRESS	6331 4TH PALM PT		2.3 \$1RE	T ADDRESS				
CITY-ST-ZIP	ST PETE BEACH, FL 00000		2. 4 CITY	·S1 - ZIP			ļ	
TITLE		☐ DELETE	3.1 TITLE			☐ Cha	nge Addition	
NAME			3.2 NAME				ì	
STREET ADDRESS			3.3 STRE	1 ADDRESS			ļ	
CRTY-ST-ZIP			3.4. CITY	ST-ZIP				
TITLE		☐ DELETE	4.5 TITLE			L Chá	nge L Addition	
NAME			4. 2 NAM					
STREET ADDRESS	1		4.3 STREE	1 ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5 1 1HLE			L Cha	nge [_] Addition	
NAME			5.2 NAME					
STREET ADDRESS				T ADDRESS				
CITY-ST-ZIP		T pririr	5.4 CHTY-	ST-Z(P		····· 	1 4 3 30° 1	
TITLE		☐ DELETE	6111111			☐ Cha	nge 🔲 Addition	
NAME			6.2 NAME					
STREET ADDRESS				1 ADDRESS			.	
CITY-ST-ZIP			64 CITY-	S1-ZIF				

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.

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