

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90236 011 ***150.00

DOCUMENT # 371143

1. Corporation Name

MARSHALL GRANT ORCHESTRAS, INC.



Principal Place of Business

1750 N FLORIDA MANGO
408
WEST PALM BEACH FL 33409-5214
US

Mailing Address

STE 1B
1615 FORUM PL
WEST PALM BEACH FL 33401
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1970

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 515 N. Flagler Drive

22 City & State

Suite, Apt. #, etc.

27 Suite 1800

23 Zip Country

City & State

28 West Palm Beach, FL

24 Zip Country

Zip

29 33401

Country

30 USA

4. FEI Number

59-1313727

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT S. LEVY
STE 1B BARRISTERS BLDG
1615 FORUM PL
WEST PALM BEACH FL 33401

81 Name

Brian M. O'Connell

82 Street Address (P.O. Box Number is Not Acceptable)

515 N. Flagler Drive

83

Suite 1800

84 City

West Palm Beach

FL

85 Zip Code

33401

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

; Brian M. O'Connell, Reg. Agent

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PSD
BAKER, MARLENE
1615 FORUM PL STE 1B
W PALM BEACH FL 33401

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
LEVY, ROBERT S
1615 FORUM PL STE 1B
W PALM BEACH FL 33401

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PSTD

William N. Tesone

515 N. Flagler Dr., Suite 1800

West Palm Beach, FL 33401

☐ Change ☒ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE

; William N. Tesone, Pres./

Date

Daytime Phone #

CR2E034 (11/98)