PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **411637**

1. Corporation Name

PIANO AND ORGAN DISTRIBUTORS INC

Principal Place of Business

Mailing Address

Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90185 036 ***150.00



33403	HOBERT W. GINN 11575 U.S. HIGHWAY ONE. # 22 NORTH PALM BEACH. FL 33408		DO NOT WRITE IN THIS SPACE		
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lace of Business	2a. Mailing Address		4. FEI Number	App	lied For
	26 Pimpe of	a bist 2ms	59-1429055	Not	Applicable
# etc		Mian DL	5. Certifcate of Status Desired	\$8.75 A	I
2 33408	City & State	rek Fl.	6. Election Campaign Financing Trust Fund Contribution	\$5.00 I Added to	, ,
25		¬ .:	Personal Property Tax.	Yes	MNo
9. Name and Address of Curr	ent Registered Agent		10. Name and Address of New Registered Ag	gent	
N DODEDT W CD		81 Name	. •		
	İ	82 Street Add	dress (P.O. Box Number is Not Acceptable)		
		83			
		63			
		84 City	FI	85 Zip C	ode
registered agent, or both in the Statem familiar with, and accept the obli-	te of Florida. Such change was aut gations of, Section 607.0505. Florid	norized by the corporal la Statutes.	tion's board of directors. I hereby accept the appoint	ment as reg	jistered
pass w m	•				
Signature, typed or printed name of registered a	•	egistered Agent signature requi		DIRECTOR	RS IN 12
Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: F	egistered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND	DIRECTOR	RS IN 12
Signature, typed or printed name of registered a OFFICERS /	gent and title if applicable. (NOTE: FAND DIRECTORS	egistered Agent signature requi	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND		
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CITY-ST-ZIP 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 a nual 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 received 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 apachinent with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS