

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 505360

(8)

1. Corporation Name

CUTRO'S MUSIC SHOP, INC.



Principal Place of Business

214 E. TYLER
TAMPA FL 33602

Mailing Address

214 E. TYLER
TAMPA FL 33602

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

CUTRO, NICK
214 E. TYLER
TAMPA FL 33602

3. Date Incorporated or Qualified

06/16/1976

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1680749

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,

Florida Statutes

☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1500, 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

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

Signature of the person who is authorized to sign this statement

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
CUTRO, NICK
STREET ADDRESS
214 E. TYLER
CITY- ST- ZIP
TAMPA FL

2. TITLE ☐ DELETE

NAME
CLELAND, LYNN
STREET ADDRESS
7138 WRENWOOD CR.
CITY- ST- ZIP
TAMPA FL

3. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

4. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

7. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

8. TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

2. TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

3. TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

4. TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

6. TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

7. TITLE ☐ Change ☐ Addition

72 NAME

73 STREET ADDRESS

74 CITY- ST- ZIP

8. TITLE ☐ Change ☐ Addition

82 NAME

83 STREET ADDRESS

84 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 business 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 addition without deletion.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nick Cutro

4/9/96 (813) 229-2542

CR2E034 (12/95)