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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 20 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(7)

PARAG	ion music center of Pii	NELLAS, INC.			
Principal Piac	e of Business	Mailing Address			910 11 01011 91011 01811 01811 01811 1801
		4191 PARK BLVD			
4191 PARK BLVD PINELLAS PARK FL 34665-3647		PINELLAS PARK FL 34665-3647		DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	
				03/21/1979	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		59-1904048	Not Applicable
		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	the current year Intangible
24	25	29	30	Personal Property Tax due June 3	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 4 1					
WIGGINION, J HOMALD				ickie J. Rumore	•
300 NÖRTH FRANKLIN ST TAMPA FL			82 Street Addr	ess (P.O. Box Number is Not Acceptable	
			63		0
			84 City	AMOA	FL 85 Zip Code 33603
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 Signature, lyptod or pretted name of framerical agreal and their applicable (NCIC: Registered Agent signature required when reinstating) DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		Change Addition
NAME	RUMORE, DICKIE J		12 NAME		
STREET ADDRESS	2139 W HILLSBOROUGH AVE		13 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		1 4 CITY-ST-ZIP		
TITLE	\$TD	☐ DELETE	21 TITLE		Change Addition
NAME	RUMORE, RANDY	_	2.2 NAME		
STREET ADDRESS	2139 W HILLSBOROUGH AVE		2 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TAMPA FL	DELETE	2.4 CITY-ST-ZIP		Change Addition
NAME			3.2 NAME		C3 Ontrigo C3 Platetion
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. City-St-2IP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS	•	
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELE TE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DECETE	5.4 CłTY - ST - ZIP		D Olemen D Addition
TITLE		☐ DELETE	6.1 THTLE		☐ Change ☐ Addition
NAME	•		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	I certify that the information supplied w	ith this filing does not qualify fo	6.4 CITY-ST-ZIP	Section 119.07(3)(i), Florida Statutes, i fu	urther certify that the information
Indicated officer or	on this annual report or supplements	al arinual report is true and ác c biver or trustee empowe red t o e	urate and that my signatur	re shall have the same legal effect as if r uired by Chapter 607, Florida Statutes; a	made under oath; that I am an