FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 PM 3:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 667973 (2)

1. Corporation Name
SUNCOAST MUSIC, INC.

Principal Place of Business	Mailing Address
5704 AUTUMN WOOD COURT FORT MEYERS FL 33919 US	PO BOX 7585 FORT MEYERS FL 33911 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/25/1980
3a. Date of Last Report: 02/01/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 59-1982872 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGAS, JAMES
5704 AUTUMN WOOD CT.
FT. MYERS FL 33919

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 607.1508, 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, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	MAGAS, JAMES	1.2 NAME	
STREET ADDRESS	5704 AUTUMN WOOD CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	☐ Change ☐ Addition
NAME	MCBRIDE, JOHN	2.2 NAME	
STREET ADDRESS	23786 WONNETA PKWY	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE OH	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	CROCCO, FRANK J.	3.2 NAME	
STREET ADDRESS	19718 DEER RUN LAKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	STRONGSVILLE OH	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	CYRILL, CHARLES	4.2 NAME	
STREET ADDRESS	23832 WONNETA PKWY	4.3 STREET ADDRESS	
CITY-ST-ZIP	WESTLAKE OH	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	MORIANA, ROCCO	5.2 NAME	
STREET ADDRESS	22766 BRANDYWINE DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	WOODLAND HILLS CA	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	MAGAS, FRANCES M.	6.2 NAME	
STREET ADDRESS	5704 AUTUMN WOOD CT.	6.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	6.4 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)(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.

SIGNATURE: James Magas - JAMES MAGAS PRES. 2/27/95 (813) 481-1635
(SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL) (TITLE OF OFFICER OR DIRECTOR) Date Daytime Phone #

0480400 FP