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Feb 25, 1999 8:00 am
Secretary of State

02-25-1999 90052 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 667973

1. Corporation Name

SUNCOAST MUSIC, INC.

Principal Place of Business

~~5704 AUTUMN WOOD COURT~~
~~FT MYERS FL 33919~~

US
11520 VILLA GRAND APT. 1007
FT. MYERS, FLORIDA 33913

Mailing Address

PO BOX 7585
FORT MYERS FL 33911

US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/25/1980

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 11520 VILLA GRAND

Suite, Apt. #, etc.

22 APT. 1007

23 FORT MYERS, FLORIDA

Zip City & State

24 33913

Country

25 LEE

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

MAGAS, JAMES
3621 WINKLER EXTENSION
FT. MYERS FL 33916

10. Name and Address of New Registered Agent

81 Name

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

11520 VILLA GRAND APT. 1007

83

84 City

FORT MYERS,

FL

85 Zip Code

33913

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP ☐ DELETE

NAME MAGAS, JAMES

STREET ADDRESS 5704 AUTUMN WOOD COURT

CITY-ST-ZIP FT MYERS FL 33919

TITLE VD ☐ DELETE

NAME MCBRIDE, JOHN

STREET ADDRESS 23786 WONNETA PKWY

CITY-ST-ZIP WESTLAKE OH

TITLE VD ☐ DELETE

NAME CROCCO, FRANK J.

STREET ADDRESS 19718 DEER RUN LAKE

CITY-ST-ZIP STRONGSVILLE OH

TITLE VD ☐ DELETE

NAME CYRILL, JENNIFER

STREET ADDRESS 23832 WONNETA PKWY

CITY-ST-ZIP WESTLAKE OH

TITLE TD ☐ DELETE

NAME MORIANA, ROCCO

STREET ADDRESS 22766 BRANDYWINE DR

CITY-ST-ZIP WOODLAND HILLS CA

TITLE SD ☐ DELETE

NAME MAGAS, FRANCES M.

STREET ADDRESS 5704 AUTUMN WOOD COURT

CITY-ST-ZIP FT MYERS FL 33919

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

11520 VILLA GRAND APT. 1007
FT. MYERS, FLORIDA 33913

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

139 SHAKESPEARE LANE
AVON, OHIO 44011

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES MAGAS

1/4/99

(94) 561-5184

Date

Daytime Phone #

CR2E034 (11/98)