

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
Feb 15 1996 8:00 am  
Secretary of State

DOCUMENT # 673929

(6)

1. Corporation Name

MUSIC FOR PERCUSSION, INC.

Principal Place of Business

170 N.E. 33RD ST.  
FT. LAUDERDALE FL 33334-1142

Mailing Address

170 N.E. 33RD ST.  
FT. LAUDERDALE FL 33334-1142

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 State, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

FISHER, BERNARD  
170 NE 33RD STREET  
FT. LAUDERDALE FL 33334

3. Date Incorporated or Qualified

06/18/1980

3a. Date of Last Report

03/08/1995

4. FEI Number

13-2512975

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

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 607.1608, 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 Registered Agent (If Not Applicable)

Signature of Registered Agent (If Not Applicable)

DATE

12. OFFICERS AND DIRECTORS

|                      |                     |                                 |
|----------------------|---------------------|---------------------------------|
| 12.1 NAME            | VSD                 | <input type="checkbox"/> DELETE |
| 12.2 STREET ADDRESS  | FISHER, GLADYS      |                                 |
| 12.3 CITY, ST., ZIP  | 1916 SE 22ND AVE    |                                 |
| 12.4 CITY, ST., ZIP  | FT. LAUDERDALE FL   |                                 |
| 12.5 NAME            | PD                  | <input type="checkbox"/> DELETE |
| 12.6 STREET ADDRESS  | FISHER, BERNARD     |                                 |
| 12.7 CITY, ST., ZIP  | 1916 S.E. 22ND AVE. |                                 |
| 12.8 CITY, ST., ZIP  | FT. LAUDERDALE FL   |                                 |
| 12.9 NAME            |                     | <input type="checkbox"/> DELETE |
| 12.10 STREET ADDRESS |                     |                                 |
| 12.11 CITY, ST., ZIP |                     |                                 |
| 12.12 NAME           |                     | <input type="checkbox"/> DELETE |
| 12.13 STREET ADDRESS |                     |                                 |
| 12.14 CITY, ST., ZIP |                     |                                 |
| 12.15 NAME           |                     | <input type="checkbox"/> DELETE |
| 12.16 STREET ADDRESS |                     |                                 |
| 12.17 CITY, ST., ZIP |                     |                                 |
| 12.18 NAME           |                     | <input type="checkbox"/> DELETE |
| 12.19 STREET ADDRESS |                     |                                 |
| 12.20 CITY, ST., ZIP |                     |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                      |                                                                   |
|----------------------|-------------------------------------------------------------------|
| 13.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.2 NAME            |                                                                   |
| 13.3 STREET ADDRESS  |                                                                   |
| 13.4 CITY, ST., ZIP  |                                                                   |
| 13.5 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.6 NAME            |                                                                   |
| 13.7 STREET ADDRESS  |                                                                   |
| 13.8 CITY, ST., ZIP  |                                                                   |
| 13.9 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.10 NAME           |                                                                   |
| 13.11 STREET ADDRESS |                                                                   |
| 13.12 CITY, ST., ZIP |                                                                   |
| 13.13 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.14 NAME           |                                                                   |
| 13.15 STREET ADDRESS |                                                                   |
| 13.16 CITY, ST., ZIP |                                                                   |
| 13.17 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13.18 NAME           |                                                                   |
| 13.19 STREET ADDRESS |                                                                   |
| 13.20 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 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 my appointment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2.12.96 954563-1844  
Date Signature

CR2E034 (12/95)