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Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 690863

1. Corporation Name
ROGER ROSSI MUSIC, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
12580 QUERCUS LANE
W PALM BCH FL 33414

Mailing Address
12580 QUERCUS LANE
W PALM BCH FL 33414

3. Date Incorporated or Qualified
06/18/1981

4. FEI Number
59-2264903

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
21 418 SW EASTPORT CIR
Suite, Apt. #, etc.
22 PORT ST LUCIE, FL
City & State
23 34953 ST LUCIE
Zip Country
24 25

2a. Mailing Address
26 418 SW EASTPORT CIR
Suite, Apt. #, etc.
27 PORT ST LUCIE, FL
City & State
28 34953 ST LUCIE
Zip Country
29 30

9. Name and Address of Current Registered Agent

ROSSITO, ROGER F
12580 QUERCUS LANE
W PALM BCH, FL
33414

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
418 SW EASTPORT CIR
83
84 City PORT ST LUCIE FL 85 Zip Code 34953

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	ROSSITO, ROGER F.	1.2 NAME	
STREET ADDRESS	12580 QUERCUS LANE	1.3 STREET ADDRESS	418 SW EASTPORT CIR
CITY-ST-ZIP	WEST PALM BCH FL	1.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE	STD	2.1 TITLE	
NAME	ROSSITO, SYLVIA A.	2.2 NAME	
STREET ADDRESS	12580 QUERCUS LANE	2.3 STREET ADDRESS	418 SW EASTPORT CIR
CITY-ST-ZIP	WEST PALM BCH FL	2.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34953
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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

4/23/99

561-286-4400

CR2E034 (11/98)