

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 710201 (5)**

1. Corporation Name

**THE MUSIC GUILD OF BOCA RATON, INC.**



Principal Place of Business

P.O. BOX 512  
BOCA RATON FL 33429

Mailing Address

P.O. BOX 512  
BOCA RATON FL 33429

3. Date Incorporated or Qualified  
**01/14/1966**

3a. Date of Last Report  
**04/20/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number  
**23-7378093**

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

10. Name and Address of New Registered Agent

**TOBIAS, EDITH  
7649 LONDON LANE  
BOCA RATON FL 33433**

81 Name

**FRENCH, MARTI**

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

**2768 N.W. 28th TERRACE**

83

84 City

**BOCA RATON**

FL

85 Zip Code

**33434**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Marti French*

*April 19, 1996*

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	PD	<input checked="" type="checkbox"/> DELETE
NAME	TOBIAS, EDITH	
STREET ADDRESS	7649 LONDON LANE	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JENNE, RUTH	
STREET ADDRESS	23371 BLUEWATER CIR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WESTERVELT, MARGARET	
STREET ADDRESS	10 SE 13TH ST C-3	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LEVY, SYLVAN	
STREET ADDRESS	22752 MERIDIANA DR	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	WARD, JEANNE	
STREET ADDRESS	1505 SOUTH OCEAN BLVD., #6	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	TOBIAS, ROBERT	
STREET ADDRESS	7649 LONDON LANE	
CITY-ST-ZIP	BOCA RATON FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FRENCH, MARTI	
1.3 STREET ADDRESS	2768 N.W. 28th TERRACE	
1.4 CITY-ST-ZIP	BOCA RATON, FL 33434	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CARBO, MADELAINE	
2.3 STREET ADDRESS	140 S.E. 5th AVENUE #548	
2.4 CITY-ST-ZIP	BOCA RATON, FL 33432	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	TOBIAS, EDITH	
3.3 STREET ADDRESS	7649 LONDON LANE	
3.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	STIEGEL, ELAINE	
4.3 STREET ADDRESS	7370 ORANGEWOOD LANE #301	
4.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
5.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	WESTERVELT, MARGARET	
5.3 STREET ADDRESS	6055 S. VERDE TRAIL #H-108	
5.4 CITY-ST-ZIP	BOCA RATON, FL 33433	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

*Robert L. Jolian*

*4/18/96*

*407-395-5349*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)