

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90046 048 \*\*\*\*70.00

**DOCUMENT # 747612**

1. Corporation Name

**FLORIDA SYMPHONIC POPS, INC.**

Principal Place of Business

120 N.E. FIRST AVENUE  
BOCA RATON FL 33432  
US

Mailing Address

120 N.E. FIRST AVENUE  
BOCA RATON FL 33432  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country  
24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country  
29 30

3. Date Incorporated or Qualified

06/13/1979

4. FEI Number

59-1910069

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

9. Name and Address of Current Registered Agent

GRAHAM, JOHN  
100 NE FIRST AVE  
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

81 Name

Clifford Jones

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

100 N.E. First Ave.

83

84 City

Boca Raton

FL

85 Zip Code

33432

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

*Clifford Jones*  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

5/28/99

DATE

12. OFFICERS AND DIRECTORS

TITLE ST ☐ DELETE  
NAME BATMASIAN, MARTA  
STREET ADDRESS 215 N. FEDERAL HWY  
CITY-ST-ZIP BOCA RATON FL

TITLE M ☒ DELETE  
NAME GRAHAM, JOHN  
STREET ADDRESS 100 NE FIRST AVE  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE CT ☐ DELETE  
NAME JONES, CLIFFORD  
STREET ADDRESS 120 E. PALMETTO PARK RD  
CITY-ST-ZIP BOCA RATON FL 33432

TITLE TT ☐ DELETE  
NAME SATISKY, MARVIN M.  
STREET ADDRESS 1223 HILLSBORO MILE #7  
CITY-ST-ZIP HILLSBORO BEACH FL 33062

TITLE T ☐ DELETE  
NAME LASER, CHARLES  
STREET ADDRESS 1523 E. HILLSBORO, #131  
CITY-ST-ZIP DEERFIELD BEACH FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

2.1 TITLE M ☒ Change ☐ Addition  
2.2 NAME Cordick, Edward  
2.3 STREET ADDRESS 100 NE First Avenue  
2.4 CITY-ST-ZIP Boca Raton, FL 33432

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 7938 Wellwynd Way  
4.4 CITY-ST-ZIP Boca Raton, FL 33496

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

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 617, 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:

*Clifford Jones*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/99

561-393-7677

Date

Daytime Phone #

CR2E037 (1/98)