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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # 748348 (0)

1. Corporation Name
BEL CANTO SINGERS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543
918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 08/02/1979 | 3a. Date of Last Report 01/20/1994 |
| 4. FEI Number 59-1954899 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/> | \$68.75 Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 30 |

9. Name and Address of Current Registered Agent

ROGERS, JUDSON
918 PINEAPPLE ROAD
SOUTH DAYTONA FL 32119

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 607.1508, 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 | D |
| NAME | ROGERS, JUDSON |
| STREET ADDRESS | 918 PINEAPPLE ROAD |
| CITY-ST-ZIP | SOUTH DAYTONA FL 32119 |
| TITLE | PD |
| NAME | CARTER, LYN |
| STREET ADDRESS | 1010 NORTH SWALLOW TAIL |
| CITY-ST-ZIP | PORRYT ORANGE FL 32119 |
| TITLE | VD |
| NAME | FAVIS, GREG |
| STREET ADDRESS | 173 UNIVERSITY CIRCLE |
| CITY-ST-ZIP | ORMOND BEACH FL 32178 |
| TITLE | T |
| NAME | GILLIAM, ERMA |
| STREET ADDRESS | 1128 BARBARA DRIVE |
| CITY-ST-ZIP | DAYTONA BEACH FL 32117 |
| TITLE | S |
| NAME | LENEAVE, CAROL |
| STREET ADDRESS | 5819 SPRUCE CREEK WOODS |
| CITY-ST-ZIP | PORRYT ORANGE FL 32127 |
| TITLE | S |
| NAME | BAUR, RHONDA |
| STREET ADDRESS | 7 BROOKSIDE CIR |
| CITY-ST-ZIP | ORMOND BCH FL |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | S Josephine Singer |
| 6.3 STREET ADDRESS | 410 Auburn Drive, #8 |
| 6.4 CITY-ST-ZIP | DAYTONA BEACH, FL 32118 |

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 110.07(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: Judson Rogers (Judson Rogers) 1-16-95 (904) 646-2364
Date: _____