

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Jan 29 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 748348 (0)**  
 1. Corporation Name  
**BEL CANTO SINGERS, INC.**



Principal Place of Business <b>918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543</b>	Mailing Address <b>918 PINEAPPLE ROAD SOUTH DAYTONA FL 32119-2543</b>
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<b>21</b> 2. Principal Place of Business	<b>26</b> 2a. Mailing Address
<b>22</b> Suite, Apt. #, etc.	<b>27</b> Suite, Apt. #, etc.
<b>23</b> City & State	<b>28</b> City & State
<b>24</b> Zip	<b>29</b> Zip
<b>25</b> Country	<b>30</b> Country

<b>3.</b> Date Incorporated or Qualified <b>08/02/1979</b>	<b>3a.</b> Date of Last Report <b>01/29/1996</b>
<b>4.</b> FEI Number <b>59-1954899</b>	Applied For <input type="checkbox"/> Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**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 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** \_\_\_\_\_ 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	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>ROGERS, JUDSON</b>
STREET ADDRESS	<b>918 PINEAPPLE ROAD</b>
CITY-ST-ZIP	<b>SOUTH DAYTONA FL 32119</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>ANNE MILLER SOLLIE</b>
STREET ADDRESS	<b>435 W. WISCONSIN AVE.</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>CYNTHIA HANSEN CARA</b>
STREET ADDRESS	<b>449 W. RICH AVENUE</b>
CITY-ST-ZIP	<b>DELAND FL</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>GILLIAM, ERMA</b>
STREET ADDRESS	<b>1128 BARBARA DRIVE</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL 32117</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CARTER, LYNN</b>
STREET ADDRESS	<b>1010 N. SWALLOW TAIL DR., #405</b>
CITY-ST-ZIP	<b>PORT ORANGE FL</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>SINGER, JOSEPHINE</b>
STREET ADDRESS	<b>410 AUBURN DRIVE #8</b>
CITY-ST-ZIP	<b>DAYTONA BEACH FL</b>

**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 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 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, on an attachment with an address.

**SIGNATURE:** *Judson Rogers* **JUDSON ROGERS** 1-17-97 (904) 767-2268

CR2E037 (9/96)