

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F13086** (6)

1. Corporation Name

GUITAR PLAYERS STUDIO, INC.



Principal Place of Business

**% STEFAN P. MALICKI
5225 LENOX AVENUE
JACKSONVILLE FL 32205**

Mailing Address

**% STEFAN P. MALICKI
5225 LENOX AVENUE
JACKSONVILLE FL 32205**

3. Date Incorporated or Qualified
12/29/1980

3a. Date of Last Report
01/19/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-2061757

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

24

25

29

30

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

**MALICKI, STEFAN P.
5225 LENOX AVENUE
JACKSONVILLE FL 32205**

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 date 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** ☐ DELETE
NAME **MALICKI, STEFAN P.**
STREET ADDRESS **5225 LENOX AVENUE**
CITY-ST-ZIP **JACKSONVILLE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

1.2 NAME

NAME

1.3 STREET ADDRESS

STREET ADDRESS

1.4 CITY-ST-ZIP

CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

2.2 NAME

NAME

2.3 STREET ADDRESS

STREET ADDRESS

2.4 CITY-ST-ZIP

CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

3.2 NAME

NAME

3.3 STREET ADDRESS

STREET ADDRESS

3.4 CITY-ST-ZIP

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

4.2 NAME

NAME

4.3 STREET ADDRESS

STREET ADDRESS

4.4 CITY-ST-ZIP

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

5.2 NAME

NAME

5.3 STREET ADDRESS

STREET ADDRESS

5.4 CITY-ST-ZIP

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

6.2 NAME

NAME

6.3 STREET ADDRESS

STREET ADDRESS

6.4 CITY-ST-ZIP

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)