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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

F15682 **DOCUMENT #** 

(0)

SOVEN MUSIC, INC.

Principal Place of Business 4350 FOWLER ST #4

Mailing Address

4350 FOWLER ST #4



Solite, Act 8, etc.	FT. MYERS F	L 33901	FT. MYERS FL 33901				
Subject   Subj						3. Date Incorporated or Qualified 01/22/1981	
Suito, Apt. 8, etc.   Suito, Campaign Francing Chys & State   City & State   Suito, Campaign Francing Chys & Suito, Ca	re en	ice of Business	2a. Mailing Address				Applied For
22						59-2054811	Not Applicable
28	Suite, Apt. #	<u>├</u> ¬				5. Certificate of Status Desireo	
April	City & State		<b>}</b> ¬ '				
Second Commence   Second Com	Zip	Country	Zip	Coun	ry	8. This corporation has liability for i	· · · · · · · · · · · · · · · · · · ·
STATE   ADDITIONS OF FOWLER ST #4   FT MYERS FL 33901   FT MYERS FL 34901   FT MYERS	24	<del></del>		30		Florida Statutes	<b>M</b> No
KRACMER, THOMAS 4350 FOWLER ST #4 FT MYERS FL 33901  11. Pure sum to the provisions of Sections 607 0502 and 607 1508. Florida Statuties, the above seniced corporation submits five statement for the purpose of changing its 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, Introde Statuties.  SIGNATURE  System Agent principles of principles agent and the Analysis and the Analysis agent principles of principles agent and the Analysis agent principles agent pr		9. Name and Address of Curr	ent Registered Agent		··_	10. Name and Address of New R	egistered Agent
### Street Abdress P-C Flox Number of Sections 607 0507 and 607 1508, Florida Stetutes, the anti-over named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida Subt change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, and one of the purpose of changing its registered agent. The ministry with, and accept the obligations of, Section 607 0505, Florida Statutes.  ### STANLINE    12.					1 Name		
BY CITY PARENT ID WINE PLANS AND DIRECTORS 12 NOTICE STATE 1 NOTIC					2 Street Addr	ress (P.O. Box Number is Not Acceptab	e;
The President to this provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above named corporation submits has dialerment for the purpose of changing its registered of familiar with, and accept the obligations of, Sections 607.0502. Florida Statutes, the above named corporation is band of directors. Il hereby accept the appointment as registered agent, a term of the purpose of changing its registered of familiar with, and accept the obligations of, Section 607.0502. Florida Statutes.  SIGNATURE  SIGNATURE  12. POTTICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  THE KRACMER, THOMAS  4350 FOWLER ST #4  FI WYERS FL  14 City 51.76  14 City 51.76  15 Change Addition  Addition  SHELLADORSS  ST DELETE  15 Change Addition  Addition  SHELLADORSS  SIFILATIONESS  ST DELETE  3 1 THE  4350 FOWLER ST #4  FT. MYERS FL  2 2 SHELLADORSS  ST MYERS FL  3 3 THE  4 City 51.76  14 City 51.76  15 Change Addition  Addition  Addition  SHELLADORSS							
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12	or registere familiar with SIGNATURE	od agent, or both, in the State of Fic in, and accept the obligations of, Se	orida. Such change was author oction 607.0505, Florida Statute	ized by the co	rporation's boar	rd of directors. Thereby accept the appo	intment as registered agent. I am
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City-S1-216* 64 City-S1-716	CITY-ST-ZIP				1		

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 eath; 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.

NE THOMAS J. KRACMEN 4-10-96 941-275-6262
NAME OF SIGNING OFFICER OR DIRECTOR