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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F83436 (8)

1. Corporation Name

ORANGE BLOSSOM MUSIC SHACK, INC.



Principal Place of Business

% MITCHELL SHULMAN
4520 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-1704

Mailing Address

% MITCHELL SHULMAN
4520 S. ORANGE BLOSSOM TRAIL
ORLANDO FL 32839-1704

3. Date Incorporated or Qualified

06/01/1982

3a. Date of Last Report

04/19/1995

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

25

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30

9. Name and Address of Current Registered Agent

SHULMAN, MITCHELL
5657 ROCKING HORSE ROAD
ORLANDO FL 32817

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

Sign, type, or print name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1.1 TITLE ☐ DELETE

NAME SHULMAN, MITCHELL
STREET ADDRESS 5657 ROCKING HORSE ROAD
CITY-STATE-ZIP ORLANDO FL

1.2 TITLE ☐ DELETE

NAME SHULMAN, REBECCA A.
STREET ADDRESS 636 JADEWOOD AVE.
CITY-STATE-ZIP ORLANDO FL

1.3 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.4 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.5 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

1.6 TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-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-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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:

Rebecca A. Shulman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-26-96

Date

407-855-0783

Daytime Phone #

CR2E034 (12/95)