

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 22, 1999 8:00 am**  
**Secretary of State**

09-22-1999 90008 001 \*\*\*\*61.25

**DOCUMENT # F95000005759**

1. Corporation Name

**LUZERNE MUSIC CENTER, INC.**

Principal Place of Business

7648 PONTE VERDE WAY  
NAPLES FL 33942  
US

Mailing Address

7648 PONTE VERDE WAY  
NAPLES FL 33942  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/28/1995	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		22-2765869	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

CHEW, MELVIN  
4344 MILL BROOK AVE  
TAMPA FL 33611

10. Name and Address of New Registered Agent

81 Name **Bert G. Phillips**  
82 Street Address (P.O. Box Number is Not Acceptable) **7648 Ponte Verde Way**  
83  
84 City **Naples** FL 85 Zip Code **34109**

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 **Bert G. Phillips** **Bert G. Phillips** **9/14/99**  
Signature, typed or printed name of registered agent and title, applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS	1.1 TITLE	<b>D- President</b>
NAME	CHEW, MELVIN	1.2 NAME	<b>Bert G. Phillips</b>
STREET ADDRESS	4344 MILL BROOK AVE	1.3 STREET ADDRESS	<b>7648 Ponte Verde Way</b>
CITY-ST-ZIP	TAMPA FL 33611	1.4 CITY-ST-ZIP	<b>Naples, FL 34109</b>
TITLE	VD	2.1 TITLE	
NAME	PHILLIPS, TOBY N	2.2 NAME	
STREET ADDRESS	7648 PONTE VERDE WAY	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33942	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	BATT, ANNE C	3.2 NAME	
STREET ADDRESS	9715 GULF SHORE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 33940	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	SEGAL, DAVID L	4.2 NAME	
STREET ADDRESS	121 S. BROAD ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA 19106	4.4 CITY-ST-ZIP	
TITLE	DC	5.1 TITLE	
NAME	DANDRIDGE, THOMAS	5.2 NAME	
STREET ADDRESS	3 BROADWAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LUZERNE NY 12846	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	EVANS, GEORGE C	6.2 NAME	
STREET ADDRESS	3 BROADWAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE LUZERNE NY 12846	6.4 CITY-ST-ZIP	

14. I 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, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Bert G. Phillips** **Bert G. Phillips** **9/14/99** **941-592-7446**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **800-874-3202**

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