

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # **F97000004240 (4)**

1. Corporation Name
GOTTS MUSIC, INC.

Principal Place of Business

**860 STATE ROAD (RTE 28)
SO YARMOUTH MA 02664**

Mailing Address

**860 STATE ROAD (RTE 28)
SO YARMOUTH MA 02664**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/12/1997

4. FEI Number

04-2572290

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 2200 NW 32 Street

Suite, Apt. #, etc.

22 Suite 1600

City & State

23 Pompano Beach, FL

Zip Country

24 33069

25

2a. Mailing Address

26 2200 NW 32 Street

Suite, Apt. #, etc.

27 Suite 1600

City & State

28 Pompano Beach, FL

Zip Country

29 33069

30

9. Name and Address of Current Registered Agent

**BAILEY, TIMOTHY L
2335 EAST ATLANTIC BLVD.
STE 300-BARNETT BANK BLDG
POMPAÑO BEACH FL 33062**

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CPST ☐ DELETE
NAME DAGGETT, BRIAN J
STREET ADDRESS ~~56 WALHALLA DRIVE~~ 2200 NW 32 St, Ste 1600
CITY- ST- ZIP ~~SOUTH YARMOUTH MA 02664~~ Pompano Bch, FL 33069

TITLE D ☐ DELETE
NAME DAGGETT, BRIAN J
STREET ADDRESS ~~56 WALHALLA DRIVE~~ 2200 NW 32 St, Ste 1600
CITY- ST- ZIP ~~SOUTH YARMOUTH MA 02664~~ Pompano Bch, FL 33069

TITLE D ☐ DELETE
NAME DAGGETT, GORDON B
STREET ADDRESS 185 SPRINGER LANE
CITY- ST- ZIP WEST YARMOUTH MA 02673

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY- ST- 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- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Brian J Daggett* President

Brian J. Daggett (954) 974-0424

CR2E034 (10/97)