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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # GR1102

171

1. Corporation Name FASO MUSIC, INC. Principal Place of Business 4390 LUCERNE VILLA LANE LAKE WORTH FL 33467 AMBILITY AND LUCERNE VILLA LANE LAKE WORTH FL 33467-8888									
						3. Date Incorporated or Qualified 01/27/1984		ate of Last R /19/1996	eport
2. Principal F	Place of Business	2a. Maing Address				4. FEI Number 59-2360025		⊢	oplied For ot Applicable
Suite, Apt.	. #. etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Fee Re	
City & Stat	le	City & State				6. Election Campaign Financing		\$5.00	
23	Country	28	7 72			Trust Fund Contribution		Added	
Zip	Country	Zip	 	ıntry		8. This corporation has liability for i			. 199.032,
24	25 25 29. Name and Address of Curren	29	30	ī		Florida Statutes 10. Name and Address of New Re	Yes		
		it neglistered Agent		B1 N	Name	10. Hame and Address of New Ac-	grater eu	Main	
	LLARI, GARY				•arrio				
	VILLAGE BLVD., #205			82 S	treet Addre	ss (P.O. Box Number is Not Acceptab	le)		
W	PALM BEACH FL 33409			83					
				103					
				84 (City			85 Zip	Code
, 	to the provisions of Sections 607 050, registered agent, or both, in the State			Ш.			FL	<u>• </u>	
agent. La SIGNATURE 12.	am familiar with and accept the obligation of th	ations of, Section 607.0505, F	Iorida Stal	tutes.		d when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE		
TITLE	PST	DELETE	1.171	T E		ADDITIONS/CITATIONS TO CITA	LNO AN	Change	Addition
	FASO, SALVATORE	LJohn	12 N					Orange	radition
NAME	4390 LUCERNE VILLA LANE				20100				
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NAME			2.2 N						
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STREET ADDRESS			5.3 S	TREET ADI	DRESS				
CrTY-ST-ZIP			5.4 C	ITY-ST-Z	ne l				

SIGNATURE:

14. I do hereby certify that the information supplied wit

TITLE

NAME

STREET ADDRESS

DELETE

6.1 TITLE

62 NAME 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I do hereby certify that the information supplied wit is the second of the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supply intal distribution indicated on this annual report or supply intal distribution indicated on this annual report or supply intal distribution indicated on this annual report or supply intal distribution indicated on this annual report or supply intal distribution indicated on this annual report or supply intal distribution indicated in Section 119.07(3)(i). Florida Statutes. I further certify that the information supplied with its construction of 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.

Change

Addition

FILED

Jan 27 1997 8:00am

Secretary of State

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. J. (2011). 1889; 1834; 1888; 1869; 1869; 1869; 1869; 1869; 1869; 1869; 1869; 1869; 1869; 1869; 1869; 1869; 1

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # G81102

(7)

FASO MUSIC, INC.

						[88] [88		
Principal Place	of Business	Mailing Addr		_		1 (66)111 4 (61)	******	
4390 LUCERNE LAKE WORTH F		4390 LUCERN LAKE WORTH						
						3. Date Incorporated or Qualified 01/27/1984	3a. Date of La 03/19/199	
2. Principa! Pia	ace of Business	2a. Mailing A	ddress			4. FEI Number		Applied For
ท]		26	26			59-2360025		Not Applicable
Suite, Apt. #	#. etc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired		5 Additional
2		27						Required
City & State)	City & Sta	ate			6. Election Campaign Financing		00 May Be
Zip	Country	28 Z(p		Count	n/	Trust Fund Contribution		ed to Fees
4	25	29		30	· y	This corporation has liability for in Florida Statutes	ntangible tax undi Yes 🔲 No	ers. 199,032,
41	9. Name and Address of Cu		nt	1301		10. Name and Address of New Re		
SELL	ARI, GARY			8	1 Name		F.,,=::	
	VILLAGE BLVD., #205			ا ا	0 000	Control of the second	1-5	
	ALM BEACH FL 33409			8	Street AD	dress (P.O. Box Number is Not Acceptab	Ne)	4
** 17				8	3			
				<u> </u>	1		11	
				8	4 City		FL 85	Zip Code
office or re agent. I ar	egistered agent, or both, in the S m lamiliar with, and accept the o	State of Florida. Such cobligations of, Section 6	hange was	authorized i orida Statut	by the corpores.	proporation submits this statement for the previous board of directors. I hereby accept	ot the appointmen	as registered
SIGNATURE	P					and the second	DATE	
	Signature appeal or professionant of registers OFFICERS	id agent and rite if applicable		E Fleg-stered A		quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE ERS AND DIRECT	ORS IN 12
12.	OFFICERS				gent signature red	quired when reinstating) ADDITIONS/CHANGES TO OFFIC		
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SIGNATURE: CLIENT'S CUPY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (9/9