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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** 

1. Corporation	PS' VIOLINS AND BOWS	· ,			. 8. 8. 11 8. 6. 11 8. 6. 11 18 81
Principal Place of Business Mailing Address					I BIARA BARA BARA BARA
211 N FEDERAL HWY P.O BOX 1318 LAKE WORTH FL 33460 LAKE WORTH US US				DO NOT WRITE IN THIS SPA	CE
				3. Date Incorporated or Qualified	
2 Principal P	lace of Business	2a. Mailing Address		07/03/1984 4. FEI Number	
21	and of the sinterest	26		59-2429556	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			8.75 Additional
27				5. Certificate of Status Desired	Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the current	year Intangible
24	25	[29]	30	Personal Property Tax due June 30.	Mark of The Control o
	9. Name and Address of Cu	rrent Registered Agent	81 N	10. Name and Address of New Registered Age	nt
PRILLIPS, ULRIUM					
128 N. LAKESIDE DR LAKE WORTH FL 33460			<b>82</b> S	82 Street Address (P.O. Box Number is Not Acceptable)	
LAI	NE WORIN PL 33460		83		
			84 C	FL <sup>8</sup>	5 Zip Code
SIGNATURE	лганшаг with, ало ассер; те о	Digations of Section 507.0505, Fig	onda Statutes.	ed corporation submits this statement for the purpose of cha orporation's board of directors. I hereby accept the appoint	anging ils registered ment as registered
	Signature, typed or punted name of registers	o agost and little if applicable (NO) AND DIRECTORS		lure required when reinstaling) DATE	
12.	DPV	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIF	RECTORS IN 12 Change Addition
NAME	PHILLIPS, ULRICH		1.2 NAME		Change [_] Addition [
STREET ADDRESS	128 N. LAKESIDE DR		1.3 STREET ADD	e	
CITY-S1-ZIP	LAKE WORTH FL		1.4 CITY - ST- ZIF	•	
TITLE		DELETE	2.1 TITLE		Change
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDR	s	
CITY-ST-ZIP			2 4 CHTY-S1-7		
TITLE		DETE	3 1 1011		Change
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDE	s	
CITY-ST-ZIP			3.4. CITY - \$1 - ZI		
TITLE		DELETE	4.1 TALE		Change Addition
NAME			4. 2 NAM[		
STREET ADDRESS			4.3 STREET ADDE	s	1
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		L DELETE	5111111		Change
NAME			5.2 NAME		

CITY-ST-ZIP 6.4 CITY - ST - 7iP 14. Thereby 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 suppliemental 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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 1/11 F

6.2 NAME

DELFTE

Change Addition

**FILED** 

Apr 10 1998 8:00am

Secretary of State