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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **H46160** **(8)**

1. Corporation Name
RESURRECTION DRUMS, INC.

Principal Place of Business	Mailing Address
4700 S. W. 134 AVENUE FT. LAUDERDALE FL 33330	4700 S. W. 134 AVENUE FT. LAUDERDALE FL 33330

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/08/1985	3a. Date of Last Report: 03/31/1994

2. Principal Place of Business 21 4810 SW 134 AVE.	2a. Mailing Address 26 4810 SW 134 AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FT LAUDERDALE, FL.	City & State 28 FT. LAUDERDALE, FL.
Zip: 24 33330 Country: 25 USA	Zip: 29 33330 Country: 30 USA

4. FEI Number: 59-2559794 ☐ 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 has liability for intangible tax under § 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FRANZELAS, JOHN 4700 SW 134 AVE FT LAUDERDALE FL 33330	81 Name: FRANZELAS, JOHN 82 Street Address (P.O. Box Number is Not Acceptable): 4810 SW 134 AVE 83 84 City: FT LAUDERDALE FL 85 Zip Code: 33330

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: JOHN FRANZELAS 4-27-95
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when mandatory.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	11 TITLE	D P	☑ Change ☐ Addition
NAME	~~BECKER, JOHN~~	12 NAME	BECKER, JOHN	
STREET ADDRESS	~~85 MULBERRY RD~~	13 STREET ADDRESS	455 SUMMIT RD	
CITY-ST-ZIP	~~OTTO NC~~	14 CITY-ST-ZIP	OTTO, N.C. 28763	
TITLE	D	21 TITLE	D VP	☑ Change ☐ Addition
NAME	FRANZELAS, JOHN	22 NAME	FRANZELAS, JOHN	
STREET ADDRESS	~~4700 SW 134TH AVENUE~~	23 STREET ADDRESS	4810 SW 134 AVE	
CITY-ST-ZIP	~~FT. LAUDERDALE FL~~	24 CITY-ST-ZIP	FT LAUDERDALE, FL. 33330	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-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)(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: JOHN FRANZELAS 4-27-95 (305)474-3378
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0034289 CP