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

Mailing Address

10353 TAMIAMI TRAIL NO

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 01, 1999 8:00am

Secretary of State

02-01-1999 90014 022 ***150.00

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H60141**

Principal Place of Business 10353 TAMIAMI TRAIL NO

CITY-ST-ZIP

SIGNATURE

DAYE MUSIC OF NAPLES, INC.

NAPLES FL 34108		NAPLES FL 34108 US		DO NOT WRITE IN THIS SPACE					
US		US			3. Date Incorporated or Qu			• ,	
					06/04/1985			`	
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	•	App	lied For	41
21		26	26		59-2531070	•	Not	Applicable	10
Suite, Apt	#, etc.	Suite, Apt. #, etc.		NI	5. Certificate of Status Desi	red 🗆	\$8.75 Ac		1
22		27			<u> </u>			·	
City & Sta	te	City & State			6. Election Campaign Fina Trust Fund Contribution	ncing	\$5.00 N Added to	•	
Zip	Country Zip C			8. This corporation owes the current year Intangible					
24	25	11	30	Personal Property Tax.					
10-	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered	Agent		
001	NAMES AND ASSESSMENT OF THE PARTY OF THE PAR		81 1	Name					
SCHWEIKHARDT, WILLIAM 900 SIXTH AVE. S.			82 5	Street Addr	et Address (P.O. Box Number is Not Acceptable)				
	TE: 203		83		· 能力 的 的	141, 125, 13, 531			ı
NAF	PLES FL 33940			0.1		Parl Step in giall			ı
		r *	84 (City		FL	85 Zip Co	ode	ı
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida. Such change was aut	thorized by the	amed corp	oration submits this statement ton's board of directors. I hereby	or the purpose of accept the appo	changing its regi	egistered istered	l
A agent. I a	am familiar with, and accept the obligati	ions of, Section 607.0505, Flori	da Statutes.						ı
SIGNATURE		ALOTE E			d when reinstating)	DATE	<u> </u>		ہ ا
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	gitature require	ADDITIONS/CHANGES		ND DIRECTOR	RS IN 12	, ç
TITLE	ST	DELETE	1.1 TITLE		والمرافية إلى المرافية المرافية		☐ Change	☐ Addition	
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STREET ADDRESS			1.3 STREET AD	ORESS					ì
CITY-ST-ZIP	NAPLES FL	•	1.4 CITY-ST-ZI						. ?
TITLE	P	☐ DELETE	2.1 TITLE		4,48	-	☐ Change	Addition	. (
NAME	DAYE, ROBERT		2.2 NAME		•	•			ĺ
STREET ADDRESS									
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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 of 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 of 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 changes on an attachment with an address, with all other like empowered.