


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

FILED

Apr 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # J43130 (0) 1. Corporation Name AMERICAN MUSIC, INC.			
Principal Place of Business 1958 COUNTRY RD 427N 7845 MALTLAGE DRIVE SUITE 100 LONGWOOD, FL 32750		Mailing Address LIVERPOOL, NY 13090	
2. Principal Place of Business 21 1958 COUNTRY RD 427N Suite, Apt. #, etc. 22 SUITE 427N City & State 23 LONGWOOD, FL Zip Country 24 32750 25 USA		2a. Mailing Address 26 7845 MALTLAGE DRIVE Suite, Apt. #, etc. 27 City & State 28 LIVERPOOL, NY Zip Country 29 13090 30 USA	
3. Date Incorporated or Qualified 11/20/86		3a. Date of Last Report 09/27/96	
4. FEI Number 16-1292187		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$6.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 198.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent CAPITAL CONNECTION 417 EAST VIRGINIA STREET, SUITE 1 TALLAHASSEE, FL 32301		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 obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P <input type="checkbox"/> DELETE SCHEIWILLER, ROBERT A. 105 SPINNAKER LANE JUPITER, FL 33477	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	T <input type="checkbox"/> Change <input type="checkbox"/> Addition RECORD, DALE 120 HARDING AVE SOUTH LIVERPOOL, NY 13090
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE FLEISCHMAN, DANIEL J. 156 SOUTH STREET AUBURN, NY 13021	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE SCHMID, DANIEL 74 OLD COUNTRY LANE FAIRPORT, NY 14450	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE CALIFANO, JAMES 29 FORBES LANE WINDHAM, ME 04002	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP <input type="checkbox"/> DELETE RINALDI, THOMAS 10 STONE RIDGE LANE GREENFIELD, MA 01301	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S <input type="checkbox"/> DELETE FLEMING, DAVID 3925 GRISTMILL CIRCLE LIVERPOOL, NY 13090	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 100002154 -04/25/97--01004--031 ***165.00
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 		X 4-21-97 315-652-4326	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)