

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 21, 1999 8:00 am**  
**Secretary of State**

04-21-1999 90135 032 \*\*\*150.00

DOCUMENT # **J43130**

1. Corporation Name

**AMERICAN MUSIC INC.**

Principal Place of Business

**667 FL CENTRAL PKWY  
LONGWOOD FL 32750**

Mailing Address

**7845 MALTAGE DRIVE  
LIVERPOOL NY 13090**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**11/20/1986**

4. FEI Number

**16-1292187**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

9. Name and Address of Current Registered Agent

**CAPITAL CONNECTION  
417 E. 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

TITLE **PT** ☐ DELETE

NAME **SCHEIWILLER, ROBERT A**  
STREET ADDRESS **105 SPINNAKER LANE**  
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **V** ☐ DELETE

NAME **FLEISCHMANER, DANIEL J**  
STREET ADDRESS **156 SOUTH STREET**  
CITY-ST-ZIP **AUBURN NY 13021**

TITLE **V** ☐ DELETE

NAME **SCHMID, DANIEL**  
STREET ADDRESS **74 OLD COUNTRY LANE**  
CITY-ST-ZIP **FAIRPORT NY 14450**

TITLE **V** ☐ DELETE

NAME **CALIFANO, JAMES**  
STREET ADDRESS **29 FORBES LANE**  
CITY-ST-ZIP **WINHAM ME 04002**

TITLE **V** ☐ DELETE

NAME **RINALDI, THOMAS**  
STREET ADDRESS **10 STONE RIDGE LANE**  
CITY-ST-ZIP **GREENFIELD MA 01301**

TITLE **S** ☐ DELETE

NAME **FLEMING, DAVID**  
STREET ADDRESS **3925 GRISTMILL CIRCLE**  
CITY-ST-ZIP **LIVERPOOL NY 13090**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 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, with all other like empowered.

SIGNATURE: **X**

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)

0546697