PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999

DOCUMENT # J56167

1. Corporation Name

GRAY'S MUSIC CENTRE, INC.

## FILED Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90080 047 \*\*\*150.00

	MINOR CENTRE, INC.							
Principal Place	e of Business	Mailing Address				r 1005/190 mint offich bisht sente distriction and a	ISMAN MANNAS MANNAS	Office and it (AB)
% SANDRA GRAY 25 COLLEGE AVE W RUSKIN FL 33570		% SANDRA GRAY 25 COLLEGE AVE W RUSKIN FL 33570			DO NOT WRITE IN THIS  3. Date Incorporated or Qualified	SPACE		
						02/09/1987		
a Dringing D	lace of Business	2a, Mailing Address				4 FEI Number	Ar	oplied For
	idee of Busiliess	26				59-2752237	<u> </u>	ot Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.			-: -=			Additional
22	.,	27				5. Certificate of Status Desired	Fee Re	equired
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Col	untry		8. This corporation owes the current year Int		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent		1041 11		10. Name and Address of New Registered	Agent	
CDA	V CANDDA			81 Name				
1	Y, SANDRA			82 Street	Addres	s (P.O. Box Number is Not Acceptable)		
1	COLLEGE AVE W KIN FL 33570							
HUS	KIN FL 33370			83				
				84 City			85 Zip	Code
				<u> </u>		FL		rogistered
11, Pursuant office or n	to the provisions of Sections 607.05 registered agent, or <b>Joh</b> t, in the State	.02 and 607.1508, Florida State e a Florida, Such change was	utes, the a authorize	above-named d by the corp	corpor oration	ation submits this statement for the purpose of is board of directors. I hereby accept the appoin	intment as re	egistered
agent. I a		adons of, Section 607.0505, F	lorida Sta	tutes.	/	م ا		_
SIGNATURE	* North		A	ملکر	n	le Arm or	L- <u>09-</u>	99
	Signature, poed or printed name of registered age			d Agent signature	n	then reinstating DATE		99
12.	Signature, poed or printed name of registered age OFFICERS A	Int and trite applicable. (NC) ND DIRECTORS  DELETE	13.	d Agent signature	required w	hen reinstating DATE  ADDITIONS/CHANGES TO OFFICERS AN		99
12.	Signature, proed or printed name of requisiered age OFFICERS A	NO DIRECTORS	13.		required w	hen reinstating DATE  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	99 DRS IN 12
12. TITLE NAME	OFFICERS A  OFFICERS A  OFFICERS A	NO DIRECTORS	13. 1.1 T 1.2 N	TTLE V.P	required w	hen reinstating DATE  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	99 DRS IN 12
12. TITLE NAME STREET ADDRESS	OFFICERS AIDPA  25 COLLEGE AVE W	NO DIRECTORS	13. 1.1 T 1.2 N 1.3 S	ITLE V.P	required w	hen reinstating DATE  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	99 DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A  OFFICERS A  OFFICERS A	NO DIRECTORS	13. 1.1 T 1.2 N 1.3 S	TITLE <b>U.P</b> HAME  STREET ADDRESS  CITY-ST-ZIP	required w	then reinstating DATE	ND DIRECTO	99 DRS IN 12
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AIDPA  25 COLLEGE AVE W	NE DIRECTORS	13. 1.1 T 1.2 M 1.3 S 1.4 C 2.1 T	TITLE <b>U.P</b> HAME  STREET ADDRESS  CITY-ST-ZIP	required w	hen reinstating DATE  ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTO	99 DRS IN 12 ⊟#ddition
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12.  TITLE  NAME  STREET ADDRESS.  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS	OFFICIES AI  OFFICIES AI  DP  GRAY, SANDRA  25 COLLEGE AVE W  RUSKIN FL	NE DIRECTORS  DELETE  DELETE	13. 1.1.T 12.N 1.3.S 1.4.C 2.1.T 2.2.N 2.3.S 2.4.1 3.1.T 3.2.N 3.3.S 3.4.1 4.1.T 4.2.2 4.3.S 4.4.C	TITLE U.P.  IAME STREET ADDRESS STY-ST-ZIP TITLE  IAME STREET ADDRESS CITY-ST-ZIP TITLE  IAME STREET ADDRESS CITY-ST-ZIP TITLE  IAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	GA 25 Ru	hen reinstating DATE  ADDITIONS/CHANGES TO OFFICERS AN	Change	PAddition  Addition
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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:

JOHN STORE OF BEINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-09-99 813645-9315 CR2E034 (11/9