

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 11:30

DOCUMENT # K43509 (4)

1. Corporation Name

CELLAR DOOR CONCERTS OF FLORIDA, INC.

Principal Place of Business

2190 S.E. 17TH STREET, SUITE 312
FT. LAUDERDALE FL 33316

Mailing Address

2190 S.E. 17TH STREET, SUITE 312
FT. LAUDERDALE FL 33316

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/04/1988

3a. Date of Last Report

01/24/1994

4. FEI Number

65-0085879

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 S. 199.032,
Florida Statutes

☒ Yes ☐ No

2. Principal Place of Business

21 900 NE 26th Avenue

Suite, Apt. #, etc.

22 Suite 200

City & State

23 Ft. Lauderdale FL

Zip

24 33304

Country

2a. Mailing Address

26 900 NE 26th Avenue

Suite, Apt. #, etc.

27 Suite 200

City & State

28 Ft. Lauderdale FL

Zip

29 33304

Country

30

9. Name and Address of Current Registered Agent

COHEN, RONALD I.
2190 S.E. 17TH STREET
SUITE 312
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

900 NE 26 AVE. Suite 200

83

84 City

Ft. Lauderdale

FL

85 Zip Code

33304

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	COHEN, RONALD I.
STREET ADDRESS	2190 S.E. 17TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	BOYLE, JANET A.
STREET ADDRESS	2190 S.E. 17TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	VP
NAME	BARNETT, DAN H.
STREET ADDRESS	2190 S.E. 17TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	TS
NAME	WASSON, A. J.
STREET ADDRESS	2190 S.E. 17TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	AS
NAME	BURGESS, MIKE
STREET ADDRESS	2190 S.E. 17TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL
TITLE	C
NAME	BOYLE, JOHN J.
STREET ADDRESS	2190 S.E. 17TH STREET
CITY - ST - ZIP	FT. LAUDERDALE FL

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	T.S. VP
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	AS
5.3 STREET ADDRESS	SLIMMER, CYNTHIA
5.4 CITY - ST - ZIP	900 NE 26 AVE. FT. LAUD. FL 33304
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), Florida Statutes. I further certify that the information is filed on this annual report or supplemental annual report in 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:

[Signature] VICE PRESIDENT

2-1-95

305-561-3100