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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



ELOBIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K48065

(2)

MR, PIANO MAN, INC.

**FILED** Feb 10 1998 8:00am Secretary of State

|--|

Principal Place of Business Mailing Address									
2320 N.E. 202 STREET 2320 N.E. 202 STREET NORTH MIAMI BEACH FL 33180 NORTH MIAMI BEACH F					L 33180			DO NOT WRITE IN THIS SPACE	
								3. Date Incorporated or Qualified	
			······································		·			11/30/1988	
	lace of Business	<b>├</b> ─┐	2a. Mailing Address				4. FEI Number Applied For		
21 Cuito Aut	# sto	26	Suite, Apt. #, etc.				65-0087940   Not Applicable		
Suite, Apt.	#, etc.	<u> </u>					5. Certificate of Status Desired See Required Fee Required		
City & State			[27]	City & State				6. Election Campaign Financing \$5.00 May Be	
23				28				Trust Fund Contribution Added to Fees	
Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible		
24	25					Personal Property Tax due June 30.  Yes No			
	9, Name and	Address of Curre	ent Registere	d Agent		_		10. Name and Address of New Registered Agent	
BE	NNETT, WILLIA	M				B1	Name		
	20 N.E. 202 ST					Street Add	dress (P.O. Box Number is Not Acceptable)		
NC	orth Miami Be	EACH FL 33180			L				
					ŀ	83			
					ŀ	84	City	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									
12.	Signature typed or prin	of FICERS A			TE Registered	Age	nt signature requ	(uirad when reinstaing)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	OFFICERSA	NL) DINILOTO	DELETE	1.1 [][	1 F		Change Addition	
NAME	•	WALL MAKE		G 24	1.2 NA		ļ.		
NAME BENNETT, WILLIAM STREET ADDRESS 2320 N.E. 202 STREET					1.3 STREET ADDRESS		ADDRESS		
CITY-SI-ZIP NORTH MIAMI BEACH FL 33180						1.4 CITY-ST-ZIP			
TITLE		un, 02/10/1/ E 0		DELETE	2.1 117		` <u></u>	☐ Change ☐ Addition	
NAME					2.2 NA				
STREET ADDRESS	TADORESS				2.3 \$16		ADDRESS		
CITY-ST-ZIP					2. 4 CI	TY-S	ST-ZIP	•	
TITLE		<b></b>		DELETE	3.1 TIT			Change Addition	
NAME					3.2 NA	ME			
STREET ADORESS					3.3 ST	REET	ADDRESS		
CITY-ST-ZIP					3.4. CC	TY - S	T-ZIP		
TITLE				DELETE	4 1 TIT	LE		Change Addition	
NAME					4. 2 NA	ME			
STREET ADDRESS					4.3 \$10	REET	ADDRESS		
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TITLE				DELETE	5.1 TIT		ŀ	☐ Change ☐ Addition	
NAME					5.2 NA				
STREET ADDRESS							ADDRESS		
CITY+ST-ZIP	<del></del>			Deirte	5.4 CIT		T-ZIP	Channe L I tadition	
TITLE				☐ DELETE	6.1 111			☐ Change ☐ Addition	
NAME CONCER ADDRESS					6.2 NA		*DDDTEG		
STREET ADDRESS							ADDRESS		
CITY-ST-ZIP					6 4 CIT	Y-\$1	1 - 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 out in attachment with an address

**SIGNATURE:** 

WILLIAM

305. 935 927/