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

**PROFIT** CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

## **DOCUMENT #**1. Corporation Name L52335 (1) TONY VINO MUSIC & ENTERTAINMENT, INC. Principal Place of Business Mailing Address 10378 BUENA VENTURA DR 5600A COACH HOUSE CIRCLE 10378 BUENA VENTURA DR 5600A COACH HOUSE CIRCLE **BOCA RATON FL 33486** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33486** 3. Date Incorporated or Qualified 02/22/1990 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0177045 Not Applicable Suite, Apt. #, etc. Suite, Apt. #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 25 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name FINAN, THOMAS P. 6401 S.W. 87TH AVE. Street Address (P.O. Box Number is Not Acceptable) 82 SUITE 101 83 **MIAMI FL 33173** 84 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 Floridal 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 (NOTE Registered Agent signature requ ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OLLICERS AND DIRECTORS 13. DELETE Addition TITLE 1.1 TITLE Change VINO. ANTHONY D NAME 1.2 NAME 5600A COACH HOUSE CIRCLE STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-7IP DELFIE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition 3 1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETÉ Change Addition THILE 4 1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP DILLETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 6 1 TITLE Change \_\_\_ Addition TITLE NAME 6.2 NAME STREET ADDRESS 63 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental 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 ustee enpowered to execute this eport as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if changed or

SIGNATURE:

FILED

Feb 10 1998 8:00am

Secretary of State