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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

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Secretary of State

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Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L76417

AMERICAN MUSIC WHOLESALERS, INC.

Principal Place	e of Rusiness	, Mailing A	ddress				[I DIBIL BIBG BIBIL GIB	(E DIGIL GLUEF LUD)	
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10B	110	10B				1			•	
DANIA FL 33004		_	DANIA FL 33044			L	DO NOT WRITE IN THIS SPACE			
US		US				;	3. Date Incorporated or Qualified.			
				····			05/29/1990		and the	
2. Principal Pl	lace of Business	2a. Mailin	g Address			'	4. FEI Number	 -	Applied For	
21		26	• • • • • • • • • • • • • • • • • • • •				65-0204965		Not Applicable Additional	
Suite, Apt.	#, etc.	<u> </u>	Apt. #; etc.				5. Certificate of Status Desired	•	Required	
22		27 City 8	State	·		-+	- El-tira Campaign Financing		0 May Be	
City & State	e	— — ·	State				6. Election Campaign Financing Trust Fund Contribution		d to Fees	
23	Country	28 Zip		Countr	v		This corporation owes the current year.			
¬ ¯ ′		— — ·	29 30				Personal Property Tax.			
24	9. Name and Address of C		Agent	130		1	0. Name and Address of New Regis	tered Agent		
	9. Hallo and Addison			8	1 Name					
	NSKY, RENEY	1.574		<u> </u>	2 Charat A		(D.O. Bay Number is Not Assentable)			
9284	N.W. 18 STREET	12 (1) 12 (1) 14		8:	2 Street A	Address	(P.O. Box Number is Not Acceptable)			
PLAN	NTATION FL 33322			8	3			បែកស៊ីពីខេត្តក្រី	5 5 5 5 5 5 5	
	•			L				los 7	p Code	
				. 8	4 City	•		FL 85 Z	b code .	
11 Pursuant	to the provisions of Sections 60	7.0502 and 607.150	8, Florida Statut	es, the abo	ve-named o	corporat	tion submits this statement for the purp	ose of changing	its registered	
- Affice or r	registered agent, or both, in the im familiar with, and accept the	State of Florida, Suc.	n change was a	lutnorized b	v the corbo	ration's	board of directors. I hereby accept the	appointment as	registered	
adent. I al	im tamiliar with, and accept the	obligations of, Section	11 007.0000, 1 10	aidd Oldfall				,	ŀ	
143							•			
SIGNATURE	Signature, typed or printed name of register	ared agent and title if applicab			ent signature re	quired whe	en reinstating) D.	ATE		
SIGNATURE	Signature, typed or printed name of register	ared agent and title if applicab	le. (NOTE			quired whe	an reinstating). D. ADDITIONS/CHANGES TO OFFICE	RS AND DIREC		
143	Signature, typed or printed name of register	 	le. (NOTE	: Registered Ag	ent signature re-	quired whe	DITTORIDE CONTROL			
SIGNATURE	Signature, typed or printed name of register OFFICEI	 	le. (NOTE	: Registered Ag	ent signature red	quired whe	ADDITIONS/CHANGES TO OFFICE	RS AND DIREC		
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6.4 CITY-ST-ZIP

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 of on an attachment with an address, with all other like empowered. (954) 921-2706