

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

FILED
Jul 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # L96385 (4)

1. Corporation Name
NICK MAUEL PIANO SERVICE, INC.



Principal Place of Business 10312 BLOOMINGDALE SUITE 1 RIVERVIEW FL 33569 US	Mailing Address 10312 BLOOMINGDALE AVENUE SUITE 1 RIVERVIEW FL 33569-3663 US
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3. Date Incorporated or Qualified 08/08/1990	3a. Date of Last Report 07/01/1996
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2. Principal Place of Business 21 654 OAKFIELD DR. Suite, Apt. #, etc. 22 City & State 23 BRANDON, FL Zip 24 33511	2a. Mailing Address 26 654 OAKFIELD DR. Suite, Apt. #, etc. 27 City & State 28 BRANDON, FL Zip 29 33511	Country 25 HILLS. Country 30 HILLS.
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4. FEI Number 59-3024122	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MAUEL, NICHOLAS E.
10312 BLOOMINGDALE AVENUE
SUITE 1
RIVERVIEW FL 33569**

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable) 654 OAKFIELD DR.
83	
84 City BRANDON	85 Zip Code FL 33511

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD MAUEL, NICHOLAS E.	<input type="checkbox"/> DELETE
NAME	10312 BLOOMINGDALE AVENUE, SUITE 1	
STREET ADDRESS	RIVERVIEW FL	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	654 OAKFIELD DR.
1.4 CITY-ST-ZIP	BRANDON, FL 33511
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: *Nicholas E. Mauel* Nicholas E. Mauel 7-22-97 813-662-0303

CR2E034 (9/96)