## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT CORPORATION ANNUAL REPORT** 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS 

DÖCUMENT # M06301 (9) THE PIANO WAREHOUSE, INC.					SECRETARY U TALLAHASSEE.	.,
Principal Place of Business Mailing Address					~	8)
2020 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US		2020 HOLLYWOOD BLVD HOLLYWOOD FL 33020 US		REINSTATEMENT 97 DO NOT WRITE IN THIS SPACE		
2. Principal Place of Business		2a, Mailing Address		3. Date Incorporated or Qualified  10/11/1984  4. FEI Number	3a. Date of Last Report 04/23/1996	
21	add of Eddinoss	26	<b>1</b> -			Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			59-2465175	SR 75 Additional
22		27	27		5. Certificate of Status Desired	Fee Required
City & Stat	6	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 g. Name and Address of Curre	nt Registered Agent	30	<del> </del>	Personal Property Tax due June  10. Name and Address of New Re	
	NNOLLY, PAUL	in negleteled Agent	81	Name	10. Name and Address of New Ae	gistereo Agent
	12 SW 103 LN					
DAVIE FL 33324			82	Street A	ddress (P.O. Box Muntheria No. Acceptat	\$391839
DATE TE COOLY			83			<del>'9701084026</del>
				0	米非米米75	
			84	,		FL 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 Signature, typed or printed name of registered agent gift the if applicable: (NOTE Registered Agent signature required when remistating)  DATE						
12.	<del></del>	O DIRECTORS	13.	eol signature re	ADDITIONS/CHANGES TO OFFIC	
TITLE .	PS	DELETE	1.1 TOLE		ADDITIONS/OFFANGES TO OFFICE	Change Addition
NAME	CONNOLLY, PAUL		1,2 NAME			
STREET ADDRESS	2020 HOLLYWOOD BLVD		1,3 STREE	T ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL		1.4 C(1Y-	\$1-2IP		
TITLE	10	DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	CONNOLLY, PAUL		2.2 NAME			
STREET ADDRESS	2020 HOLLYWOOD BLVD		2.3 STR&E	1 ADDRESS		į
CITY-ST-ZIP	HOLLYWOOD FL	Toriere	2.4 CITY-	ST - ZIP	VIII. 8-10	
MITLE		DELETE	3.1 TITLE			Change Addition
NAME PERFECT ADDRESS			3.2 NAME			
STREET ADDRESS	1		1	ADDRESS		
CITY-ST-ZIP TITLE		DELFTE	3.4. CITY - 4.1 TITLE	S1-ZIP		Change Addition
NAME			4. 2 NAME			
STREET ADDRESS			j	I ADDRESS		
CITY-ST-ZIP	and the second second		4.4 CITY - S			ωn
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM{		`	71X )
STREET ADDRESS			5.3 STREET	ADDRESS		"
CITY-ST-ZIP			5.4 CITY - S	57 - ZIP		
TITLE		☐ DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			63 STREET	AUDRESS		
CITY-ST-ZIP	and the information	2 . 10 At 1 CC	64 CITY-S	ST - ZIF		

I do hereby certify that the information supplied with this filling 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.