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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # M82009

(5)

GLADES MUSIC OF SOUTH FLORIDA, INC.

**FILED** Apr 30 1997 8:00am Secretary of State



Principal Place of Business Mailing Address  819 N.W. 197H ST.  BELLE GLADE FL 33430 % THOMAS W. BIRD. JR. P.O. BOX 1266 US SELLE GLADE FL 83430-8266					
US		US US	U-21€00	Date Incorporated or Qualified 05/23/1988	3a. Date of Last Report 05/01/1996
21 215	Place of Business E. MAIN ST	26 P.O. BOX	517	4. FEI Number 65-0058703	Applied For Not Applicable
Suite, Apt	#, etc. ) KEE	Suite, Apt. #, etc.	·e.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23 - L ,	e	City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
<sup>2</sup> /334	76 Country 25 ALM BEACH		sol PALM Ben		Yes No
	g, Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	egistered Agent
	D, THOMAS W JR 1 VISTA DR.				
JUNO BEACH FL 33408			82 Street A	ddress (P.O. Box Number is Not Accepta	ble)
			83		
			84 City		85 Zip Code
- D	10-10-007.000			corporation submits this statement for the	FL C
SIGNATURE.	Signature, typed or printed name of registered ager OFFICERS AND	DIRECTORS	NOTE Registered Agent signature a	ADDITIONS/CHANGES TO OFFI	
TITLE	PD THOMAS W. ID	DELETE	1,1 TITLE	SEC-TREAS. DIANNE H.BIRD	Change Addition
NAME STREET ADDRESS	BIRD, THOMAS W JR. 2031 VISTA DR.		1,2 NAME 1,3 STREET ADDRESS	2031 VISTA DR.	
CITY-ST-7IP	JUNO BEACH FL 33408		1.4 CITY-ST-ZIP	NO JUNO BEACH, 1	92 3340X
TOTLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			23 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	2. 4 City-St-ZiP 3.1 Title		Change Addition
NAME		C Stiffe	3.2 NAME		Land Critings Land Political
STREET ADDRESS			3.3 STREET ADDRESS		i
CHTY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		•
DITY-ST-7IP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			4 . 4		
			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAM <del>(</del>		DELETE	6.1 TITLE 6.2 NAME		☐ Change ☐ Addition
		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition

and a maraby centry mat the information supplied with his hing does not qualify for the exemption stated in Section 119.07(3)(i), Fronda Statutes. Turner certify that the information indicated on this adjust report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director objects, 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 dy an attachment with an address.