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Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90105 007 ***150.00

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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # M82009

1. Corpc ration Name

Principal Place of Business

GLADES MUSIC OF SOUTH FLORIDA, INC.

215 E MAN ST PAHOKEE FL 33476		P.O. BOX 577 % THOMAS W. BIRD. JR. ¬ R.Q.=BOX 1266 PAHOKEE FL 33476 US			66 -	į		= 11123110		-		
US					ĺ	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified						
							05/23/1988					
	lace of Business	2a. Mailing Address			l	ι	4. FEI Number			Applied For		
21		26								Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			į	5, (Certificate of Status Desired		\$8.75 Additional Fee Required			
City & Stat	e	City & State				6. [Elect on Campaign Financing	П	\$5	.00	Mav Be	
23		28					Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Count	ry .		8. 1	This corporation owes the curren	nt year Inta	ngible			
24	25	29 30	o{		1	Personal Property Tax.		Yes No				
<u> </u>	9. Name and Address of Current	Registered Agent				10.	Name and Address of New Re	gistered A	gent			
\$11DT	D, THOMAS W JR		8	1	Name							
1	1 VISTA DR.		82 Street Add			ss (P.0	O. Bcx Number is Not Acceptab	le)				
	O BEACH FL 33408		83									
			8	4	City				85	Zip C	ode	
Ĺ				_]				F.L		· 		
11. Pursuant to the provisions of Sections 607.050? 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 n ime of registered agen, and title if applicable. (NO E: Registere					signature recuired w			DATE				
12.	OFFICERS AN	DELETE	13.			Ai	DDITIONS/CHANGES TO OFFI	CERS AN				
TITLE	PD THOMAS W. ID	☐ DETEIF	1.1 TITLE						Cha	ange	Addition	
NAME	BIRD, THOMAS W JR.		1.2 NAME									
STREET ADDRESS	2031 Vista dr. Juno Beach Fl 33408		13 STREE		1						\	
CITY-ST-ZIP TITLE	ST ST	☐ DELETE	1.4 CITY-5		ZIP				Cha		Addition	
1 1	BIRD, DIANNE H.	DELL'IE	2.2 NAME							ange	LI AGGISON	
NAME	2031 VISTA DR				P00000						1	
STREET ADDRESS	JUNO BCH FL		2.3 STREET ADDRESS									
CITY-ST-ZIP TITLE	JONO BOTT PE	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		ZIP				Cha		Addition	
NAME		C Deceive	3.2 NAME							n ige		
STREET ADDRESS			3.3 STRE		DDDEEC						ļ	
CITY-ST-ZIP												
TITLE		☐ DELETE	3.4. CITY- 4.1 TITLE		ZIF				Cha	ange	Addition	
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREE		DODESS						Ì	
CITY-ST-ZIP			4.4 CITY-									
TITLE		☐ DELETE	5.1 TITLE		LIF_				Cha	ange	Addition	
NAME			5.2 NAME							.		
STREET ADDRESS			5.3 STREI	ETA	DDRESS							
CITY-ST-ZIP			5.4 CITY-	ST-Z	ZIP							
TITLE		☐ DELETE	6.1 TITLE						Cha	nge	Addition	
NAME			6.2 NAME							-		

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

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 cortify 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 chapted, or on an attachment with an address, with all other like empowered.