FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997 **DOCUMENT #**

N17338

(7)

1. Corporation	n Name	• •					
FLORI	DA BRASS QUINTET, INC.						
Principal Place of Business Mailing Address					T TRESFILMS AND TENEF INDOM INJUN INDE I	# 1840 WIN H WHEEL WIN II WINIU 1	\$101) 31 0)7 1001
709 N TAMIAMI TRAIL 709 N TAMIAMI TRAIL SARASOTA FL 34236 SARASOTA FL 342364047				:			
!					3. Date Incorporated or Qualified 10/16/1986	3s. Date of Last R 05/09/19	eport 396
2. Principal Place of Business 2a. Mailing Address 25					4. FEI Number 59-2603081		oplied For of Applicable
Suite, Apt #, etc. Suite, Apt. #, etc. 22 27					5. Certificate of Status Desired		Additional equired
City & State City & State					Election Campaign Financing Trust Fund Contribution	\$5.00	May Be
Zip	Country Zip Co		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24 25 29 30 30 9. Name and Address of Current Registered Agent					Florida Statutes Yes X No 10. Name and Address of New Registered Agent		
g, Name and Address of Current Registered Agent					(Q. Harris dire Addises of Hear He	gistored regain	
SERRIE, GRETCHEN 82 Street				Ctroot Addrs	ss (P.O. Box Number is Not Acceptab	olo)	
709 N. TAMIAMI TRAIL				Sheer Moore	es (F.O. DOX NUMBER IS NOT Acceptat	,no)	
SARASOTA FL 34236							
84 City				-		FL!	Code
11. Pursuant i office or r agent. I a	to the provisions of Sections 617.05 egistered agent, or both, in the Stat in familiar with, and accept the obli	02 and 617.1508, Florida Statut e of Florida. Such change was gations of, Section 617.0503, Flo	es, the above- authorized by t orida Statutes.	named corpo he corporatio	oration submits this statement for the pon's board of directors, I hereby accept	ourpose of changing it of the appointment as	ts registered registered
SIGNATURE							
12.	Signature, typed or printed name of registered at OFFICERS At	gent and tille if applicable. (NOT ND DIRECTORS	Registered Agent	signature required	ADDITIONS/CHANGES TO OFFIC	DATE CERS AND DIRECTOR	RS IN 12
TITLE			1.1 TITLE	· · · · · · · · · · · · · · · · · · ·		Change	Addition
NAME			1.2 NAME				
STREET ADDRESS	s 1003 WESTWAY DR		1.3 STREET A	DDRESS			
CITY-ST-ZIP	SARASOTA FL 1.4		1.4 CITY - ST -	ZIP			
TITLE	VPD	DELETE 2.11				☐ Change	☐ Addition
NAME	BEATRICE FRIEDMAN 222		2.2 NAME				
STREET ADDRESS	100 0 100 0 100 0 100 100 100 100 100 1		2.3 STREET A	DDRESS			
CITY-ST-ZIP			2.4 CITY-ST	ZIP			
TITLE	SD	DELETE 3.11]		Change	☐ Addition
NAME	BARNETT, ELAINE			.	•		
STREET ADDRESS	1 110 = 011111		3.3 STREET A	DORESS			
CITY-ST-ZIP	BRADENTON FL	34.0		-ZIP		[] Observe	A delates
TITLE	TD	DELETE	4.1 TITLE			L.] Change	☐ Addition
NAME	,		4. 2 NAME				
STREET ADDRESS			4.3 STREET A	[
CITY-ST-ZIP	SARASOTA FL	☐ DELETE	4.4 CITY-ST-	ZIP		Change	Addition
TITLE		TT DETELE	5.1 TITLE			CT ORDER	Mailine
NAME			5.2 NAME	DDDCCC	•		
STREET ADORESS			5.3 STREET A	1			
CITY-ST-ZIP			5.4 CITY - ST - 6.1 TITLE	ZIP .		☐ Change	Addition
NAME		F-1 DETECT	6.2 NAME	.		C. Completo	
I BOOK	İ		E O'L INVIIL				1

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or er an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CHRELaurence R. Saslaw 4/28/97

941-953-4252

FILED

May 19 1997 8:00am

Secretary of State