

FILE NOW: FILING FEE IS \$61.25

FILED

May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N17338** (7)
1. Corporation Name
FLORIDA BRASS QUINTET, INC.



Principal Place of Business 709 N TAMiami TRAIL SARASOTA FL 34236	Mailing Address 709 N TAMiami TRAIL SARASOTA FL 34236
---	---

3. Date Incorporated or Qualified 10/16/1986	
4. FEI Number 59-2603081	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

9. Name and Address of Current Registered Agent SERRIE, GRETCHEN 709 N. TAMiami TRAIL SARASOTA FL 34236	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	--

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME LAURENCE R SASLAW	1.1 TITLE	1.2 NAME
STREET ADDRESS 1003 WESTWAY DR	CITY-ST-ZIP SARASOTA FL	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
TITLE VPD	NAME BEATRICE FRIEDMAN	2.1 TITLE	2.2 NAME
STREET ADDRESS 435 L'AMBIANCE DR PHG	CITY-ST-ZIP LONGBOAT KEY FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE SD	NAME BARNETT, ELAINE	3.1 TITLE	3.2 NAME
STREET ADDRESS 7416 20TH AVE N W	CITY-ST-ZIP BRADENTON FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
TITLE TD	NAME RICE, ERNEST F.	4.1 TITLE	4.2 NAME
STREET ADDRESS 454 MEADOW LARK	CITY-ST-ZIP SARASOTA FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS	CITY-ST-ZIP	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS	CITY-ST-ZIP	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I 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 on an attachment with an address.

SIGNATURE: *Beatrice Friedman* 4/30/98

CR2E037 (10/97)