

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N25640 (6)**

1. Corporation Name

**SECOND GENERATION SINGERS, INC.**



Principal Place of Business

Mailing Address

C/O KATHERINE T. SCHNELL  
2850 NE 29TH STREET  
FT. LAUDERDALE FL 33306

C/O KATHERINE T. SCHNELL  
2850 NE 29TH STREET  
FT. LAUDERDALE FL 33306

3. Date Incorporated or Qualified  
**03/28/1988**

3a. Date of Last Report  
**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHNELL, KATHERINE T.  
2850 NE 29TH STREET  
FT. LAUDERDALE FL 33306**

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

*Katherine Schnell*

*1/25/96*

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☒ DELETE  
NAME **NEWSTREET, RICHARD**  
STREET ADDRESS **3877 NORTHWEST 82ND WAY**  
CITY-ST-ZIP **CORAL SPRINGS FL**

1.1 TITLE **Brad Schmucker, President** ☒ Change ☐ Addition  
1.2 NAME **163 SE 7th Street**  
1.3 STREET ADDRESS **Deerfield Beach, FL 33441**  
1.4 CITY-ST-ZIP

TITLE **V** ☒ DELETE  
NAME **STANLEY, CHUCK**  
STREET ADDRESS **4775 NORTHWEST 9TH STREET**  
CITY-ST-ZIP **COCONUT CREEK FL**

2.1 TITLE **Bruce Claxton, Vice Pres.** ☒ Change ☐ Addition  
2.2 NAME **8703 NW 49th Drive**  
2.3 STREET ADDRESS **Coral Springs, FL 33067**  
2.4 CITY-ST-ZIP

TITLE **T** ☐ DELETE  
NAME **DOOLIN, KATHERYN B.**  
STREET ADDRESS **2171 N.W. 107 AVENUE**  
CITY-ST-ZIP **SUNRISE FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **S** ☐ DELETE  
NAME **RESTA, EMILY**  
STREET ADDRESS **807 POINCIANA DRIVE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **HITCHINS, MICHAEL**  
STREET ADDRESS **7831 NORTHWEST 3RD COURT**  
CITY-ST-ZIP **PLANTATION FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **ZOELLER, ANTHONY**  
STREET ADDRESS **6631 N.W. 34 AVENUE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Kathryn B. Doolin*

*(Kathryn B. Doolin)*

*1/25/96*

*954-572-0508*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)