## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

SECOND GENERATION SINGERS, INC.

## **FILED** Feb 24 1998 8:00am Secretary of State

Principal Place of Business Mailing Address									T TOURTHON OIR HERE DINN OUT OF	INDIA DUNA DINA NI	IBII BROM DIDII BI	
C/O KATHERINE T. SCHNELL				C/O KATHERINE T. SCHNELL					3. Date incorporated or Qualif	ied		
2850 NE 29TH STREET FT. LAUDERDALE FL 33306				2850 NE 29TH STREET FT. LAUDERDALE FL 33306					03/28/1988			
TT. ENDERDALE TE 3300									4. FEI Number		<del></del>	oplied For
A 5:			LACTO						65-0109813		Nc	ot Applicable
2. Principal P	ace of Busine	——	2a. Mailing Address					5. Certificate of Status Desired	ı 🗀	<b>4</b>	Additional	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					6. Election Campaign Financir		\$5.00	equired
22			27						Trust Fund Contribution	ື 🗆	Added to	•
City & State				City & State					7. Is this nonprofit corporation	a homeowne	rs associatio	n?
23			28						·	Yes	<u> </u>	
Zip	<u> </u>	Country	$\vdash$	<b>—</b>			Country		8. This corporation owes or ha	•		
24 25				29 30 September 20 20 20 20 20 20 20 20 20 20 20 20 20					Personal Property Tax due .  10. Name and Address of New			No
9. Name and Address of Current Registered Agent								ne	TO. Hallie and Madioss of Her	Thogratore	ngen	
SCHNELL, KATHERINE T.							0 04	treet Address (P.O. Pay Number is blot Assessable)				
2850 NE 29TH STREET						04	82 Street Address (P.O. Box Number is Not Acceptab					
FT. LAUDERDALE FL 33306						83	3			1		
						84	4 City	,			85 Zip	Code
										FL	<u>-                                     </u>	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the a office or registered agent, or both, in the State of Florida, Such change was authorize							ve-nam	ed corpo corporatio	ration submits this statement for t on's board of directors. I hereby a	the purpose in accept the ap	of changing it pointment as	s registered registered
office or registered agent, or both, in the State of Florida. Such change was authorized by the co- agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.									9111	2/10	198	
SIGNATURE Signature typed or profiled name of registered agent and life if applicable (NOTE: Registered Agent and life if applicable								111911	re schools (1)	CATE.	01-78	
12.	<b>7.9</b> pristo, 1/prio 0	OFFICERS AN		-		13.	90711 20191	no regorie	ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTOR	IS IN 12
TITLE	P			☐ DELETE	1	1.1 TITLE					Change	Addition
NAME		ker, brad			1	1.2 NAME		-				
STREET ADDRESS				1.3 S			et addre	ss				
CITY-ST-ZIP		D BEACH FL		T berete	_	1.4 CITY-					05	Addition
TITLE	VP CLAVDON	ו ממוופר		☐ DELETE		2.1 TITLE		1			Change	☐ Addition
STREET ADDRESS	CLAXRON						2.2 NAME 2.3 STREET ADDRESS					
CITY-ST-2IP	8703 NW 49TH DRIVE CORAL SPRINGS FL						2. 4 CITY - ST - ZIP					
TITLE	T	THIODIL		DELETE		3.1 TITLE		<del> </del>		<u></u>	Change	☐ Addition
NAME	DOOLIN.	KATHERYN B.			3	3.2 NAME						
STREET ADDRESS				3.3			ET ADDRE	ss				
CITY-ST-ZIP	SUNRISE	FL				3.4. CITY			··· ·· · · · · · · · · · · · · · · · ·			
TITLE	8			<b>K</b> DELETE		4.1 TITLE		5   Sc	hneider, Linda 73 NW 68 Drive		☐ Change	Addition
NAME	RESTA, E					4. 2 NAMI		72	73 NW 68 Drive			
STREET ADDRESS		CIANA DRIVE					T ADDRE					
CITY-ST-ZIP TITLE	_	ERDALE FL		X DELETE		4.4 CITY-	ST-ZIP		Mand, FL 33067	<del> </del>	☐ Change	Addition
NAME	HITCHINS	, MICHAEL		CE OCCCIO		5.2 NAME	_	1 1 1	eman, Stuart			-3 / 100/1011
STREET ADDRESS		RTHWEST 3RD COU	RT				Et addre	e i	188 NW 100 Terrac			
CITY-ST-ZIP	PLANTATI					5.4 CITY-		Co	ral Springs, FL 33	076		
TITLE	D			DELETE			<u>ا</u> ي	<b>`</b>		-	Change	X Addition
NAME	HITCHINS	, TIMOTHY			6	6.2 NAME		ا ا	lemers, Brian			
STREET ADDRESS		. 3RD COURT			6	6.3 STREE	et addre	ss   გ(	010 SW 23rd Ter	ruce		
CITY-ST-ZIP	PLANTATI	ON FL			6	6.4 CITY-	ST-ZIP	15.	t. Lauderdate FL	333/ <u>L</u>		

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 outrustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 II changed, or on an attachment with an address.