

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Mar 16, 1999 8:00 am**  
**Secretary of State**

03-16-1999 90023 033 \*\*\*\*61.25

**DOCUMENT # N25640**

1. Corporation Name

**SECOND GENERATION SINGERS, INC.**

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

3. Date Incorporated or Qualified

03/28/1988

4. FEI Number

65-0109813

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

9. Name and Address of Current Registered Agent

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

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

*Katherine Schnell*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME P  
STREET ADDRESS SCHMUCKER, BRAD  
CITY-ST-ZIP 163 SE 7TH STREET  
DEERFIELD BEACH FL

TITLE ☐ DELETE  
NAME VP  
STREET ADDRESS CLAXRON, BRUCE  
CITY-ST-ZIP 8703 NW 49TH DRIVE  
CORAL SPRINGS FL

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

TITLE ☒ DELETE  
NAME S  
STREET ADDRESS SCHNEIDER, LINDA  
CITY-ST-ZIP 7273 NW 68 DRIVE  
PARKLAND FL 33067

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS LEEMAN, STUART  
CITY-ST-ZIP 4888 NW 100 TERRACE  
CORAL SPRINGS FL 33076

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS DEMERS, BRIAN  
CITY-ST-ZIP 2010 SW 23RD TERRACE  
FT LAUDERDALE FL 33312

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

31 TITLE ☒ Change ☐ Addition  
32 NAME T  
33 STREET ADDRESS Bishop, Gregory R.  
34 CITY-ST-ZIP 200 SW 75th terr  
Plantation, FL 33317

41 TITLE ☒ Change ☐ Addition  
42 NAME S  
43 STREET ADDRESS Sedlack, Kathy  
44 CITY-ST-ZIP 5181 NW 64th Drive  
Coral Springs, FL 33067

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)