


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

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

09-16-1999 90007 003 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N96000005555</b>					
1. Corporation Name <b>WORLD PERCUSSION FESTIVAL - FORT LAUDERDALE, INC</b>					
Principal Place of Business 5320 QUEEN LAKE TERR. DAVIE FL 33331			Mailing Address 340 NE 170 ST. SUITE 102 N. MIAMI BEACH FL 33162		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/24/1996</b>	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0709432</b>	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>WATSON, RICHARD B</b> <b>340 NE 170TH ST</b> <b>MIAMI FL 33162</b>				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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 Richard B. Watson  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 9/10/99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	MT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRADSHAW WATSON, RICHARD			1.2 NAME			
STREET ADDRESS	340 NE 170 ST.			1.3 STREET ADDRESS			
CITY-ST-ZIP	N. MIAMI BEACH FL 33162			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RAMIREZ, ISRAEL			2.2 NAME			
STREET ADDRESS	5320 QUEEN LAKE TERR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	DAVIE FL 33331			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAYONE, GARY			3.2 NAME			
STREET ADDRESS	2924 NW 48 ST.			3.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33309			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NEISWANDER, BECKY			4.2 NAME			
STREET ADDRESS	1121 NE 17 WAY, APT. 1			4.3 STREET ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL 33304			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FAULKS, CLEO			5.2 NAME			
STREET ADDRESS	2281 SHERMAN CIR., S. APT. B511			5.3 STREET ADDRESS			
CITY-ST-ZIP	MIRAMAR FL 33025			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MOORE, MARLON			6.2 NAME	D MOORE, MARLON		
STREET ADDRESS	335 W. 47TH ST. #6			6.3 STREET ADDRESS	340 NE 170th		
CITY-ST-ZIP	MIAMI BEACH FL 33140			6.4 CITY-ST-ZIP	N. Miami Beach, FL 33162		

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: Richard Bradshaw Watson **Richard Bradshaw Watson** 305-657-2328  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #