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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N96000006580

1. Corporation Name

SONGWRITERS IN THE ROUND, INC.

Principal Place of Business

**5101 COLLINS AVE
APT 10-H FL 33140**

Mailing Address

**5101 COLLINS AVE
APT 10-H FL 33140**



2. Principal Place of Business

21 5101 Collins Avenue

2a. Mailing Address

26 5101 Collins Avenue

3. Date Incorporated or Qualified

12/20/1996

Suite, Apt. #, etc.

22 Suite #10-H

Suite, Apt. #, etc.

27 Suite #10-H

4. FEI Number

65-0711194

Applied For

☐ Not Applicable

City & State

23 MIAMI Beach, FL

City & State

28 MIAMI Beach, FL

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

Zip

24 33140 **25 USA**

Zip

29 33140 **30 USA**

6. Election Campaign Financing

☐ Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

**MAHONEY, ROBERT F CPA
3801 N. FEDERAL HIGHWAY
POMPANO BEACH FL 33064**

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

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 **TD** ☐ DELETE

NAME **BRENT, CHARLES**

STREET ADDRESS **401 60TH STREET, STE 7-D**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **PD** ☒ DELETE

NAME **CHILD, DESMOND**

STREET ADDRESS **6401 PINETREE DRIVE CIRCLE**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **VPD** ☐ DELETE

NAME **MORASKIE, ELLEN**

STREET ADDRESS **763 COLLINS AVE., #301**

CITY-ST-ZIP **MIAMI BEACH FL 33139**

TITLE **SP-VPD** ☐ DELETE

NAME **HARTIGAN, CHRYSAL**

STREET ADDRESS **1735 N.E. 149 ST**

CITY-ST-ZIP **MIAMI FL 33181**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TD

BRENT, CHARLES

5101 Collins Avenue Suite #10-H

Miami Beach, FL 33140-2726

PD

MORASKIE, ELLEN

763 Collins Avenue #301

Miami Beach FL 33139

VPD

HARTIGAN, CRYSTAL

1735 NE 149 Street

Miami, FL 33181

SD

Edward John Swihura III

21133 SW 85 Avenue #113

Miami FL 33189

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: **SIG. BRENT, CHARLES**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99

Date

Daytime Phone #

CR2E037 (11/98)