

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
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90207 014 ****70.00

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1. Corporation Name

MUSICIANARIES INTERNATIONAL, INC.

Principal Place of Business
1000 N. US HWY. 1, UNIT E-401
JUPITER FL 33477

Mailing Address
1000 N. US HWY. 1, UNIT E-401
JUPITER FL 33477



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24
HEABERG, ROBERT M
1000 N. US HWY. 1, UNIT E-401
JUPITER FL 33477

25 Mailing Address

26 P. O. Box 31868

27 Suite, Apt. #, etc.

28 City & State

29 Palm Beach Gardens, FL

30 Zip Country
3420-1868 USA

3. Date Incorporated or Qualified

12/17/1998

4. FEI Number
65-0885954

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

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 **D** ☐ DELETE
NAME **HEABERG, ROBERT M**
STREET ADDRESS **1000 N. US HWY. 1, UNIT E-401**
CITY-ST-ZIP **JUPITER FL 33477**

TITLE **D** ☐ DELETE
NAME **TINDALL, MICHAEL H**
STREET ADDRESS **14524 COTTONWOOD DR. S.E.**
CITY-ST-ZIP **MILL CREEK FL 98012**

TITLE **D** ☐ DELETE
NAME **BUNSTEAD, DAWN**
STREET ADDRESS **7873 N. ROCKWOOD PL.**
CITY-ST-ZIP **TUCSON AZ 85741**

TITLE **D** ☐ DELETE
NAME **WILKINS, DAVID DR.**
STREET ADDRESS **36477 OAK RIDGE DR.**
CITY-ST-ZIP **YUCAIPA CA 92399**

TITLE **D** ☐ DELETE
NAME **BURGMAN, JAY C REV.**
STREET ADDRESS **5441 MICHAEL CT.**
CITY-ST-ZIP **PIPERVILLE PA 18947**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C/D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP **Mill Creek, WA 98012**

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

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

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

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.073(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:

Robert M. Heaberg
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99
Date

561/743-7103
Daytime Phone #

CR2E037 (11/98)