

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P19786 (3)

1. Corporation Name
BROADWAY BLUES OF ORLANDO, INC.



Principal Place of Business: **4310 OLD MCDONOUGH ROAD CONLEY GA 30027**
Mailing Address: **4310 OLD MCDONOUGH ROAD CONLEY GA 30027**

3. Date Incorporated or Qualified 06/23/1988	3a. Date of Last Report 04/04/1995
4. FEI Number 58-1570669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAUCK, DAVID W.	1.2 NAME	
STREET ADDRESS	4310 OLD MCDOUGH RD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	1.4 CITY-ST-ZIP	
TITLE	VDP <input type="checkbox"/> DELETE	2.1 TITLE	Executive V-P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORR, KENNETH R.	2.2 NAME	
STREET ADDRESS	4310 OLD MCDOUGH RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	2.4 CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, GARY E.	3.2 NAME	
STREET ADDRESS	4310 OLD MCDOUGH RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	3.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Chief Financial Officer <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGEY, MORRIS W.	4.2 NAME	Gerado, Robert W.
STREET ADDRESS	4310 OLD MCDOUGH RD.	4.3 STREET ADDRESS	4310 Old McDonough Rd.
CITY-ST-ZIP	CONLEY GA	4.4 CITY-ST-ZIP	Conley GA 30027
TITLE	C <input checked="" type="checkbox"/> DELETE	5.1 TITLE	Controller <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HANDMACHER, BURTON E.	5.2 NAME	Owens, R. Steven
STREET ADDRESS	4310 OLD MCDOUGH RD.	5.3 STREET ADDRESS	4310 Old McDonough Rd.
CITY-ST-ZIP	CONLEY GA	5.4 CITY-ST-ZIP	Conley GA 30027
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Gary E. Snyder** Date: **4/17/96** Daytime Phone #: **404-261-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)