

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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 30027-1532**

FILED

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1988		3a. Date of Last Report 04/30/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 58-1570669		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.,
526 E. PARK AVENUE
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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 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 _____ (NOTE: Registered Agent signature required when re-nating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	HAUCK, DAVID W.	1.2 NAME	
STREET ADDRESS	4310 OLD MCDONOUGH RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	1.4 CITY-ST-ZIP	
TITLE	EVP	2.1 TITLE	
NAME	ORR, KENNETH R.	2.2 NAME	
STREET ADDRESS	4310 OLD MCDONOUGH RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	SNYDER, GARY E.	3.2 NAME	
STREET ADDRESS	4310 OLD MCDONOUGH RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	
NAME	GERADO, ROBERT W.	4.2 NAME	
STREET ADDRESS	4310 OLD MCDONOUGH RD	4.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	4.4 CITY-ST-ZIP	
TITLE	C	5.1 TITLE	
NAME	OWENS, R. STEVEN	5.2 NAME	
STREET ADDRESS	4310 OLD MCDONOUGH RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary E. Snyder, Secretary

4-30-97

Date

Daytime Phone #

0011339

CR2E034 (9/96)