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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P19786

(3)

BROADWAY BLUES OF ORLANDO, INC.

97 MAY -1 PH 2: 28

SECRETARY OF STATE TALLAHASSEE FLORIDA

Principal Place of Business Mailing Addre 4310 OLD MCDONOUGH ROAD 4310 OLD MCD CONLEY GA 30027 CONLEY GA 30			CDONOUGH ROAD					
					3. Date Incorporated or Qualified 06/23/1988		te of Last R 30/1996	eport
2. Principal I	Pace of Business	2a. Mailing Address			4. FEI Number 58-1570669			oplied For of Applicable
Suite, Apl	. #, etc.	Suite Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & Sta	le	City & State			6. Election Campaign Financing Trust Fund Contribution	<u> </u>		May Be to Fees
23 Ζφ 24]	Country	Zip	Coun	itry	8. This corporation has liability for	r intangible	tax under s	
<u>:4</u>]	25 9. Name and Address of Curren	29 29 Agent	[30]		10. Name and Address of New R			
NO.		· · · · · · · · · · · · · · · · · · ·		B1 Name	14' LIMILA SUN LIGHTOSS AL LIGHT	-8101001	-90111	
NRAI SERVICES, INC,. 526 E. PARK AVENUE			}		dress (P.O. Box Number is Not Accepta	ible)		····
TAL	LAHASSEE FL 32301]	B3				
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];	B4 City		FL	85 Zip	Code
 Pursuan office or 	to the provisions of Sections 607.0502 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida State of Florida, Such change was	utes, the ab authorized	ove-named cor by the corpora	rporation submits this statement for the ation's board of directors. I hereby acce	purpose of apt the app	changing is cintment as	ts registered registered
	am ramilar with, and accept the obliga	ations of, Section 607.0505, r	-iorida Statu	ites				
SIGNATURE	Signature, typed or protect name of registered ager	int and tille if applicable . (NC	OTE: Registered		uired when reinstating)	DATE		
SIGNATURE	Signature, typed or profess name of registered aper OFFICERS AND	int and title if applicable . (NO	OTE: Hegistered	Agent signature requ		DATE	DIRECTOR	RS IN 12
SIGNATURE 12. TILLE	Styratore, typed or profess name of registered ages OFFICERS AND	int and tille if applicable . (NC	DTE: Registered	Agent signature requ	uired when reinstating)	DATE		
SIGNATURE 12. TILLE NAME	Stguators: typed or profest name of registered age: OFFICERS AND PD HAUCK, DAVID W.	int and title if applicable . (NO	13. 1.1 TITU	Agent signature requ E	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND	DIRECTOR Change	RS IN 12
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Importance the caped of the corporation or supplemental annual Fam an efficier or director of the corporation or the received or for appears in Block 12 of Block 13 if changed, or on an atlachment arreport is title and accurate and that my signature shall have the same legal effect as it made un beet empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my with appendicess.

SIGNATURE:

0011339