

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 # P30431

(1)

1. Corporation Name

BROADWAY BLUES OF FLORIDA, 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 07/18/1990		3a. Date of Last Report 04/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 58-1885702		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, IBC,  
528 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

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

Sign and type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

8000002162348--5

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	1.1 TITLE	
NAME	HAUCK, DAVID W.	1.2 NAME	
STREET ADDRESS	4310 OLD MCDONOUGH ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	
NAME	ORR, KENNETH R.	2.2 NAME	
STREET ADDRESS	4310 OLD MCDONOUGH ROAD	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 ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	CONLEY GA	3.4 CITY-ST-ZIP	
TITLE	CFO	4.1 TITLE	CFO
NAME	HANDMACHER, BURTON E.	4.2 NAME	Gerardo, Robert W.
STREET ADDRESS	4310 OLD MCDONOUGH RD	4.3 STREET ADDRESS	4310 Old McDonough Rd.
CITY-ST-ZIP	CONLEY GA	4.4 CITY-ST-ZIP	Conley GA 30027
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		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 TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Gary E. Snyder, Secretary

Date

4-30-97

Daytime Phone #

0011341

CR2E034 (9/96)