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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

P93000016421 (8) DOCUMENT # 1. Corporation Name

TAMPA MUSIC ACADEMY, INC.

Cory N. DALE MARRY HWY. TAMPA FL 39818-4409 10007 N. DALE MARRY HWY. TAMPA FL 39818-4409 3a. Date incorporated or Qualified 3a. Date incorporated or Qualified 3a. Date of Last Report 03/03/1993 04/21/1995 2a. Malling Address		MIOOIO AOAOLMIII IIIO.				
TAMPA FL 33818-4409 TAMPA FL 53818-4409 TAMPA FL 53818-4409 TAMPA FL 53818-4409 TAMPA FL 53818-4409 TAMPA FL	Principal Place	of Business	Mailing Address			BAIÚN DAIDH STÁIA BCHST ASAID 14891 4191 4001
2. Principal Place of Business						
Suite, Apt. #, etc.					03/03/1993	04/21/1995
Suite, Apit. #, etc. 27 Suite, Apit. #, etc. 28 City & State City & State City & State 28 29 20 20 Country Zip Country Zip Country Agent Believed Agent	_ ′	ce of Business	2a. Mailing Address			<u> </u>
State City & Stat						· · · · · · · · · · · · · · · · · · ·
City & State 28 City & State 29 Country Zip Country Zip Signature, backer or registered agent 10. Name and Address of New Registered Agent 83 PRICHARD, ANDREW 10037 N. DALE MABRY HWY. TAMPA FL 33618-4409 11. Pursuant to the provisions of Sections 607,0502 and 607,1508. Floride Statutes. The above-named corporation submits this statement for the purpose of changing its registered agent. Lam familiar with, and accept the obligators of Sections 607,0502 and 607,1508. Floride Statutes. The above-named corporation's board of directors. Hereby accept the appointment as registered agent. Lam familiar with, and accept the obligators of Sections 607,0505, Floride Statutes. SIGNATURE SIGNATURE PS PS PS DELETE 1.1 TILE PS DELETE 1.2 VOFFICERS AND DIRECTORS IN 12 TITLE PS DELETE 1.1 TILE PS DELETE 1.1 TILE PS DELETE 2.1 TILE PS TAMPA FL DELETE 3.1 TILE AMARE STREET ADDRESS TAMPA FL DELETE AMARE STREET ADDRESS TAMPA FL DELETE 3.1 TILE AMARE STREET ADDRESS TAMPA FL DELETE A		t, etc.			5. Certificate of Status Desired	
Zap Country Zip Country Zip Country State Street Address of Durrent Registered Agent State Street Address of New Registered Agent State State Street Address of New Registered Agent State	City & State				6. Election Campaign Financing	\$5.00 May Be
Zip	23		28			☐ Added to Fees
9. Name and Address of Current Registered Agent PRICHARD, ANDREW 10037 N. DALE MABRY HWY. TAMPA FL 33618-4409 11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered different and accept the obligations of, Section 607.0505, Florida Statutes, the above-harmed corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, hyeld or preliad name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PS DIRECTARDESS CITY-ST-2P 10327 CARROLLWOOD LANE #76 13 SIREET ADDRESS CITY-ST-2P 1014		Country	Zip	 		
PRICHARD, ANDREW 10037 N. DALE MABRY HWY. TAMPA FL 33618-4409 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 Signature, hyeld or pretad name of registered agent and tile if applicable. NOTE Registered Agent agent are tile if applicable. NOTE Registered Agent agent are resisting. DATE	24			30		
PRICHARD, ANDREW 10037 N. DALE MABRY HWY. TAMPA FL 33818-4409 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 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 at accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE Syndram byod or preter name of registered agent and life if applicable NOTE Registered Agent syndram registered agent. I am at accept the appointment as registered agent. I am at a company and accept the appointment as registered agent. I am at a company and accept the appointment as registered agent. I am at a company and accept the appointment as registered agent. I am at a company and accept the appointment as registered agent. I am at a company and accept the appointment as registered agent. I am at a company accept the appointment as registered agent. I am at a company accept the appointment as registered agent. I am at a company accept the appointment as registered agent. I am at a company accept the appointment as registered agent. I am at a company accept the appointment as registered agent. I am at a company accept the appointment as registered agent. I am at a company accept the appointment as registered agent. I am at a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appointment as registered agent. I am a company accept the appoi		9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New 7	legister ou Agent
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 obligations of, Section 607.0502, Florida Statutes. SIGNATURE Signature, hyed or pretad name of registered agent and till if applicable. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE NAME PS PRICHARD, ANDREW 10327 CARROLLWOOD LANE #76 11. 11. 11. 12. LAWAE 12. NAME SIREET ADDRESS CITY-ST-ZIP TITLE NAME OELETE 2 1 TITLE NAME 2 3 SIREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE 3 1 TITLE Addition Addition Addition DELETE 3 1 TITLE NAME 3 2 NAME 3 3 SIREET ADDRESS CITY-ST-ZIP OELETE 3 1 TITLE ADDRESS CITY-ST-ZIP OELETE Addition		a Market				1.1
TAMPA FL 33618-4409 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 Signature, hybed or printed name of registered agent and life if applicable. NOTE Registered Agent signature required when recitating). DATE 12.				82 Street Ad	dress (P.O. Box Number is Not Acceptat	ole)
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 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 Signature, typed or printed name of registered agent and title if applications of particular agents. To price agent and the if applications of particular agents. To price agent and particular agents. The purpose of changing its registered agent. I am agent agent and particular agents. The purpose of directors. I hereby accept the appointment as registered agent. I am agent agent agent. I am agent agent agent agent agent agent agent. I am agent a				83		
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 agent. I am 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 Signature, typed or printed name of registered agent and title if applicable PNOTE Registered Agent signature required wher resistating) DATE	IAMITA F	L 33010-4403		94 (0)		95 Zin Code
or registered agent, or both, in the State of Florida. Such change was autronized by the corporation's board of directors. Thereby accept the appointment as registered agent and accept the obligations of, Section 607.0505, Florida Statutes. Signature, hoed or printed name of registered agent and trial if applicable.						I- L.
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PS DELETE 1.1 TITLE NAME PRICHARD, ANDREW STREET ADDRESS CITY-ST-ZIP TAMPA FL DELETE 2 1 TITLE NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TO PELETE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TO Change Addition Addition Change Addition	or registere familiar wit	ed agent, or both, in the State of Fl th, and accept the obligations of, Si	orida. Such change was autho ection 607.0505, Florida Statu	onzed by the corporation's octoes.	ired when renistating?	DATE
TITLE NAME PRICHARD, ANDREW STREET ADDRESS CITY-ST-ZIP TAMPA FL DELETE 1.2 NAME 1.2 NAME 1.3 STREET ADDRESS CITY-ST-ZIP TAMPA FL DELETE 2 1 TITLE 2 NAME 22 NAME 23 STREET ADDRESS CITY-ST-ZIP TITLE NAME DELETE 3.1 TITLE 3.2 NAME 3.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CHange Addition Change Addition				13.	ADDITIONS/CHANGES TO OFF	
STREET ADDRESS CITY-ST-ZIP TITLE NAME CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE CITY-ST-ZIP CITY-ST-ZIP TITLE CHange Addition Addition Addition STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANGE Addition Change Addition Addition Change Addition Change Addition	TITLE	, , -	☐ DELETE	1. 1 TITLE		☐ Change ☐ Aboltion
CITY-ST-ZIP	NAME					
TITLE		· ·	NE #76			
NAME 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP Change Addition		IAMPA FL	□ DELETE			Change Addition
23 STREET ADDRESS 24 CITY-ST-ZIP 24 CITY-ST-ZIP Change Addition						·
DELETE 3.1 TITLE Change Addition	NAME.			2.3 STREET ADDRESS		1
TITLE DELETE 3.1 TITLE Change Addition NAME 32 NAME STREET ADDRESS 33. STREET ADDRESS CITY-ST-ZIP 34 CITY-ST-ZIP Change Addition	CITY-ST-ZIP			2.4 CITY - ST - ZIP		
STREET ADDRESS CITY-ST-ZIP Change Addition			DELETE	3. 1 TITLE		Change Addition
CITY-ST-ZIP Change Addition	NAME			3.2 NAME		
Change Addition	1			1		
				3 4 CITY - S1 - ZIP		
THE COUNTY	STREET ADDRESS CITY-ST-ZIP		□ Delete			☐ Change ☐ Addition
NAME	STREET ADDRESS CITY-ST-ZIP TITLE		DELETE	4. 1 TITLE		Change Addition
ALOTA CY 70	STREET ADDRESS CITY-ST-ZIP TITLE NAME		DELETE	4. 1 TITLE 4.2 NAME		Change Addition
Charge Addition	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		Change Addition
NAME 52 NAME	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
STREET ADDRESS 53 STREET ADDRESS	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		
CITY-SI-ZIP 54 CITY-SI-ZIP	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME		_	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		
TITLE DELETE 6.1 TITLE Change Adollion	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		☐ DELETE	4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS		Change Addition
NAME 6.2 NAME	STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		_	4. 1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5.4 CITY-ST-ZIP 6. 1 TITLE		
STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST. 74P	STREET ADDRESS CITY-ST-ZIP TITLE NAME		☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5.4 CITY-S1-ZIP 6.1 TITLE 6.2 NAME		Change Addition

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)(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 13 if changed, or on an attachment with an address. ALTRED ANDREW PRICHARD

SIGNATURE:

CR2E034 (12/95)