

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

FILED  
Apr 16 1997 8:00am  
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P93000019960 (2)  
1. Corporation Name  
CECILY JANE MUSIC, INC.



~~Principal Place of Business  
400 N. STATE RD. 21  
HAWTHORNE FL 32640  
US~~

Mailing Address  
PO BOX 2776  
GAINESVILLE FL 32602-2776  
US

3. Date Incorporated or Qualified: 03/12/1993  
3a. Date of Last Report: 04/24/1996  
4. FEI Number: 59-3479832  
Applied For: Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 ROUTE 2 Box 245  
Suite, Apt. #, etc.  
22 BARN  
City & State  
23 HAWTHORNE, FL  
Zip  
24 32640  
Country  
25 USA.  
2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28  
Zip  
29  
Country  
30

9. Name and Address of Current Registered Agent  
~~YII, JANE C.  
400 N. STATE RD. 21  
RR1 BOX 245  
HAWTHORNE FL 32640~~

10. Name and Address of New Registered Agent  
81 Name: Yii, Jane C.  
82 Street Address (P.O. Box Number is Not Acceptable): Rt. 2 Box 245  
83  
84 City: HAWTHORNE FL 85 Zip Code: 32640

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: *Jane C. Yii* JANE C. YII 4/10/97  
Signature typed or printed name of registered agent and title if applicable (RIGHT) Registered Agent signature required when re-instating (DATE)

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	YII, JANE C	
STREET ADDRESS	<del>1901 HIGHWAY 20</del>	
CITY-ST-ZIP	<del>HAWTHORNE FL</del>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JANE C. YII	
1.3 STREET ADDRESS	Rt. 2. Box 245	
1.4 CITY-ST-ZIP	HAWTHORNE, FL 32640	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	75717 NW 43rd Rd.	
2.3 STREET ADDRESS	KIM A. SANDERS	
2.4 CITY-ST-ZIP	GAINESVILLE FL 32606	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(f), 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: *Jane C. Yii* JANE C. YII 4/10/97 352-378-8100 x1424

CR2E034 (9/96)