

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1998.  
AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUL 25 AM 8:06

DOCUMENT # P93000031014 (2)

1. Corporation Name

EDELWEISS HAUS, INC.

Principal Place of Business

21482 MANATEE AVENUE  
PORT CHARLOTTE FL 33952

Mailing Address

21482 MANATEE AVENUE  
PORT CHARLOTTE FL 33952

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/28/1993

3a. Date of Last Report

04/20/1994

4. FEI Number

65-0401112

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

7. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

23

27. City & State

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PARISE, DEBORAH  
21482 MANATEE AVENUE  
PORT CHARLOTTE FL 33952

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
PARISE, DEBORAH  
21482 MANATEE AVENUE  
PORT CHARLOTTE FL 33952

11 TITLE  
12 NAME  
13 STREET ADDRESS  
14 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

D  
STALZER, FRANK M  
POST OFFICE BOX 149 ARDEN DRIVE  
GARRISON NY 10524

21 TITLE  
22 NAME  
23 STREET ADDRESS  
24 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

31 TITLE  
32 NAME  
33 STREET ADDRESS  
34 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

41 TITLE  
42 NAME  
43 STREET ADDRESS  
44 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

51 TITLE  
52 NAME  
53 STREET ADDRESS  
54 CITY - ST - ZIP

☐

Change

☐

Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

61 TITLE  
62 NAME  
63 STREET ADDRESS  
64 CITY - ST - ZIP

☐

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)(b), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Type name)

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.  
AMOUNT DUE ON OR BEFORE 8/9/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

25 JUN 25 PM 2:19

DOCUMENT # P93000031161 (1)

1. Corporation Name

PRICE MUSIC COMPANY, INC.

Principal Place of Business

2755 S. FEDERAL HIGHWAY  
#14  
BOYNTON BCH. FL 33435  
US

Mailing Address

9606 SUN POINT DR  
BOYNTON BCH. FL 33437

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

04/12/1994

2. Principal Place of Business

21 1155 S CONGRESS

2a. Mailing Address

28 ABOVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 1/2

City & State

23 DELRAY BEACH FL

City & State

Zip

24 33445

Country

25 P.B.

Zip

29

Country

30

4. FBI Number

65-0412784

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. This corporation has liability for intangible tax under s. 189.032,

Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRICE, JEFFREY  
9606 SUN POINT DR  
BOYNTON BCH. FL 33437

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

JEFFREY PRICE, Ruth Price

Signature, typed or printed name of registered agent and state if applicable

(NOTE: Registered Agent signature required when reappointing)

6-16-95

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME PRICE, JEFFREY  
STREET ADDRESS 9606 SUN POINTE DRIVE  
CITY - ST - ZIP BOYNTON BEACH FL

TITLE VTS  
NAME PRICE, RUTH  
STREET ADDRESS 9606 SUN POINTE DRIVE  
CITY - ST - ZIP BOYNTON BEACH FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 in an attachment with an address.

SIGNATURE:

Ruth Price - Ruth Price

6-16-95

Date

Daytime Phone #

CP2E034 (3/95)

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PROFIT  
CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 26 PM 9:23

DOCUMENT # P93000031489 (6)

1. Corporation Name

EL CHEAPO WASTE REMOVAL, INC.

Principal Place of Business

5473 N. UNIVERSITY DR.  
SUITE 205  
LAUDERHILL FL 33351

Mailing Address

5473 N. UNIVERSITY DR.  
SUITE 205  
LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/29/1993

3a. Date of Last Report

10/06/1994

4. FEI Number

65-0409665

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

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

TALLEY, ETHEL  
4920 NW 84TH AVE.  
LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name

TALLEY, ETHEL

82 Street Address (P.O. Box Number is Not Acceptable)

83

8208 WATERFORD LANE

84 City

TAMARAC

FL

85 Zip Code

33321

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

*Ethel Talley*

ETHEL TALLEY, PRESIDENT

6-20-95

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

P  
TALLEY, ETHEL  
4920 NW 84TH AVE.  
LAUDERHILL FL 33351

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

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SIGNATURE: *Ethel Talley* ETHEL TALLEY, PRESIDENT 6-20-96 1-800-950-4334

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

(Type in 7 spaces)

CR2E034 (3/95)