

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 7:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000048565 (4)

1. Corporation Name

HOUSE OF MOZART, INC.

Principal Place of Business

Mailing Address

151 SOUTH BARFIELD DR.
MARCO BAY RESORT
MARCO ISLAND FL 33937
US

151 SOUTH BARFIELD DR.
MARCO BAY RESORT
MARCO ISLAND FL 33937
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/13/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

65-0424373

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

2a. Mailing Address

21 151 SOUTH BARFIELD DR.

26 151 S. BARFIELD DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 MARCO ISL. FL

28 MARCO ISL. FL

Zip

Country

Zip

Country

24 33937

25

29 33937

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, WILLIAM G
247 N COLLIER BLVD
#202
MARCO ISLAND FL 33937

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 reconstituting)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SCHNAGL, ALFRED
STREET ADDRESS 1001 N BARFIELD
CITY- ST- ZIP MARCO ISLAND FL 33937

1 TITLE
2 NAME
3 STREET ADDRESS
4 CITY- ST- ZIP

1 SCHNAGL ALFRED
2 STEVENS LANDING, 204
3 FL 33937

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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)(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 007, 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SCHNAGL

4/18/95

813 642 5220