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

PROFIT CORPORATION ANNUAL REPORT

1998



DOCUMENT # DOCOMOSCO12 (O)

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 10 1998 8:00am Secretary of State

1. Corporation ABI MU	SIC GROUP, INC.	00002310	(9)			
Principal Place of Business		Mailing Address			W FWINI (4089 1/14 166)	
100 W. LIVINGSTON ST. ORLANDO FL 32801		100 W. LIVINGSTON ST. ORLANDO FL 32801		DO NOT WRITE IN THIS SPACE		
				Date Incorporated or Qualified 07/22/1993		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-3193939	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24	Gountry 25	7(p)	Country 30	This corporation owes or has paid the current Personal Property Tax due June 30.	· _ ·	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
	RMENING, W. A II W. LIVINGSTON ST		81 Name			
	ANDO FL 32801			Address (P.O. Box Number is Not Acceptable)		
			83			
			84 City	FL	Zip Code	
11. Pursuant I	to the provisions of Sections 607	.0502 and 607.1508, Flor	ida Statutes, the above-named o	corporation submits this statement for the purpose of charging is board of directors. I bereby accept the appoint	anging its registered	

agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE (NOTE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE ☐ Addition HARMENING, W. A. II NAME 1.2 NAME 457-SEYMOUR AVE > STREET ADDRESS 1.3 STREET ADDRESS WINTER PARK FL 32789 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE NAME LOCKE, JOHN 22 NAME 1891 WINCHESTER DR. STREET ADDRESS 23 STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP 2 4 CHY-ST-ZIP DELETE Addition Change TITLE 31 THLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - \$T - ZIP DELETE 4.1 TITLE Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ___ Addition 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition TITLE 6 1 TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 suppliemental annual report in 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 of the

SIGNATURE: