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

PROFIT CORPORATION ANNUAL REPORT

1997

Suite, Apt #, etc

City & State

22

23

24

Zip



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Secretary of State DOCUMENT # P93000053091 (3) **BUSCARINO GUITARS, INC** Principal Place of Business Mailing Address 9075 130TH AVE 9075 130TH AVE LARGO FL 34643 LARGO FL 33773-1405 3a. Date of Last Report 3. Date Incorporated or Qualified 07/23/1993 04/26/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number 59-3194882 26

Suite, Apt. #. etc.

City & State

27

28

Country

Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes 🔀 No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BUSCARINO, JOHN 9075 130TH AVE 82 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34643** 83 84 City Zip Code 85

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	Styriotine hypical or planted mark of registered agent and title in applicable. (NOT	E: Registered Agent signature require	ed when reinstating) DATE			ļ
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRI	ECTOR	S IN 12	Ŷ
TITLE	D DELETE	1.1 TITLE		hange	Addition	(96/6)
NAME	BUSCARINO, JOHN	1.2 NAME				¥
STREET ADDRESS	8460 - 81ST WAY NORTH	1.3 STREET ADDRESS				ကြိ
CITY - ST - ZIP	SEMINOLE FL 34647	1.4 CITY-ST-ZIP				CR2E034
TITLE	DELETE	2.1 TITLE		hange	Addition	Ö
NAME		2.2 NAME				l
STREET ADDRESS		2.3 STREET ADDRESS				l
CITY+ST-ZIP		2 4 CITY-ST-ZIP				
TIFLE	DELETE	31 TITLE		hange	Addition	l
NAME		3.2 NAME				l
STREET ADDRESS		3.3 STREET ADDRESS				
CITY - ST - ZIP		3.4. CITY-ST-ZIP				
TITLE	DELETE	4 1 TITLE		hange	Addition	
NAME		4. 2 NAME				i
STREET ADDRESS		4.3 STREET ADDRESS				i
CITY-ST-7IP		4.4 CITY - ST - ZIP	:			l
TITLE	☐ DELETE	5 1 TITLE		hange	☐ Addition	l
NAM:		5.2 NAME				l
STREET ADDRESS		5.3 STREET ADDRESS				i
CiTY+ST+ZIP		5 4 CITY - ST - ZIP				
THE	☐ DELETE	61 TITLE		hange	Addition	,
NAME		62 NAME				į
STREET ADDRESS		6.3 STREET ADDRESS				,
CITY OF 210		CADITIC OF THE				

14. I do hereby certify that the information supplied with this filling 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 frue 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 corgonation 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 c unged, or on an

SIGNATURE:

FILED

Jan 16 1997 8:00am

П

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

0381979