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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

	MENT # P93000 RINO GUITARS, INC	0053091 (3	3)		######################################
Principal Plac	e of Business	Mailing Address			01106 11111 10110 10101 1731 1001
9075 130TH AVE LARGO FL 94643 3377 3 US		9075 130TH AVE LARGO FL 94049 33773 US		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified	
				07/23/1993	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	# elc	Suite, Apt. #, etc.		59-3194882	Not Applicable \$8.75 Additional
22	n, 0,0.	27		5. Certificate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
13		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the d	current year Intangible
4	25	29	30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Registere	d Agent
	SCARINO, JOHN		81 Name		
9075 130TH AVE LARGO FL 34843 33773			82 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
Ļ	כן ז כל מיייים זו שטו		83		······································
			84 City		85 Zip Code
				<u></u>	L `
office or r agent. I a SIGNATURE	egistered agent, or both, in the State of manifer with, and accept the obliger state of printed name of registered agent.	fions of Section 607.0505	Florida Statutes.	propration submits this statement for the purpose ration's board of directors. I hereby accept the a	ppointment as registered
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	BUSCARINO, JOHN		1.2 NAME		
STREET ADDRESS	8460 - 81ST WAY NORTH		1.3 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34647	DELETE	1.4 CITY-ST-ZIP		01
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME		•	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		· · · · · · · · · · · · · · · · · · ·
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		T brieve	5.4 CITY - ST - ZIP		T Ohana T 14200
TITLE		DELETE	6.1 TITLE		Change Addition
NAME .			6.2 NAME		
STREET ADDRESS			6.3 STREET ADORESS		

14. I hereby 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 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.

6.4 CITY - ST - ZIP

SIGNATURE:

FILED

Feb 20 1998 8:00am

Secretary of State