

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

CORPORATION
ANNUAL REPORT

1995 4-27-95



FLORIDA DEPARTMENT OF STATE
Sandra P. Monahan
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 10:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000076509 (7)

1. Corporation Name

SHANE MUSIC, INC.

Principal Place of Business

504 SIMONTON STREET
KEY WEST FL 33040

Mailing Address

PO BOX 0368
KEY WEST FL 33041-0368
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
11/04/1993

3a. Date of Last Report
04/04/1994

4. FEI Number
65-0451400

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 2 BAPTIST LANE

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23 KEY WEST FL

28

Zip

Country

Zip

Country

24 33040

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HARKOW, JAYE F
301 SIMONTON STREET
ROOM 108
KEY WEST FL 33040

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME HARKOW, JAYE F
STREET ADDRESS 504 SIMONTON STREET
CITY - ST - ZIP KEY WEST FL 33040

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 2 BAPTIST LANE
1.4 CITY - ST - ZIP

☒ Change ☐ Addition

TITLE D
NAME GRIER, CATHY
STREET ADDRESS 504 SIMONTON STREET
CITY - ST - ZIP KEY WEST FL 33040

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 2 BAPTIST LANE
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

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)(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:

Jaye F. Harkow JAYE F. HARKOW

4/24/95 305-242-1956