## 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

## DOCUMENT # P93000077600 (3)

| THE MUSIC STAND OF PORT CHARLOTTE, INC.   |   |  |   |                            |
|---|---|--|---|----------------------------|
|   |   |  |   |                            |
|   | 14-W- A.J.  |  |   |                            |
| Principal Place of Business   | Mailing Address   |  |   |                            |
| 2000 TAMIAMI TRAIL<br>SUITE 210   | 2000 Tamiami Trail<br>Suite 210                             |  |   |                            |
| PORT CHARLOTTE FL 33948   | PORT CHARLOTTE FL 33  | 948  | DO NOT WRITE IN TH  | IS SPACE                   |
| US  | US  | • •  | 3. Date Incorporated or Qualified   |                            |
|   |   |  | 10/28/1993  |                            |
| 2. Principal Place of Business  | 2a. Mailing Address   |  | 4. FEI Number   | Applied For                |
| 21  | 26  |  | 65-0396842  | Not Applicable             |
| Suite, Apt. #, etc.   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired  | \$8.75 Additional          |
| 22  | 27  |  |   | Fee Required               |
| City & State  | City & State  |  | 6. Election Campaign Financing  | <b>\$5.00</b> May Be       |
| 23  | 28  |  | Trust Fund Contribution   | Added to Fees              |
| Zip Country   | Zip   | Country  | 8. This corporation owes or has paid the                                  |                            |
| 24 25 9, Name and Address of Current F  |   | 30   | Personal Property Tax due June 30.  10. Name and Address of New Registere | ☐ Yes ☐ No                 |
|   |   | 81 Name  | TO. Name and Address of New Registere                                     | a Agent                    |
| BATSEL, MCKINLEY, ITERSAGEN & G   | IUNUERSUN PA  |  |   |                            |
| 18401 MURDOCK CIRCLE  |   | 82 Street A  | ddress (P.O. Box Number is Not Acceptable)                                |                            |
| PORT CHARLOTTE FL 33948   |   | 83   |   |                            |
|   |   |  |   |                            |
|   |   | 84 City  | F   | 85 Zip Code                |
| 11. Pursuant to the provisions of Sections 607,0502 ¿   | and 607.1508, Florida Statute                               | es, the above-named o  | orporation submits this statement for the purpose                         | of changing its registered |
| <ol> <li>Pursuant to the provisions of Sections 607.0502 a<br/>office or registered agent, or both, in the State of<br/>agent. I am familiar with, and accept the obligation</li> </ol> | Florida, Such change was a<br>ons of, Section 607,0505, Flo | iuthorized by the corpo<br>prida Statutes.                     | pration's board of directors. I hereby accept the a                       | ppointment as registered   |
| SIGNATURE   |   |  |   |                            |
| Signature, typed or printed name of registered agent a  12. OFFICERS AND I  |   | Registered Agent signature n                                   | equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A            |                            |
| TITLE D   | DELETE  | 1.1 TITLE  | ADDITIONS/OFFICERS A  | Change Addition            |
| NAME EDWARDS, DAVID   | <b>_</b>  | 1.2 NAME   |   |                            |
| STREET ADDRESS 1061 FERGUS LANE   |   | 1.3 STREET ADDRESS   |   |                            |
| CITY-SI-ZIP PUNTA GORDA FL 33983  |   | 1,4 CITY-ST-ZIP  |   | ł                          |
| TITLE D   | DELETE  | 2.1 TITLE  |   | Change Addition            |
| NAME EDWARDS, NANCY   | _   | 2.2 NAME   | for the   |                            |
| STREET ADDRESS 1061 FERGUS LANE   |   | 2.3 STREET ADDRESS   |   |                            |
| CITY-ST-ZIP PUNTA GORDA FL 33983  |   | 2. 4 CITY-ST-ZIP   |   | İ                          |
| TITLE S   | DELETE  | 3.1 TITLE  |   | Change Addition            |
| NAME COTTRELL, PAUL   | <del>-</del>  | 3.2 NAME   |   |                            |
| STREET ADDRESS 472 LONGLEY DRIVE  |   | 3,3 STREET ADDRESS   |   |                            |
| CITY-ST-ZIP PORT CHARLOTTE NC   |   | 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   |   | 44.000 CT 200  |   | J                          |
| TITLE   |   | 4.4 CITY - ST - ZIP  |   |                            |
| NAME  | DELETE  | 5.1 TITLE  |   | Change Addition            |
| 1   | ☐ DELETE  |  |   | Change Addition            |
| STREET ADDRESS  | DELETE  | 5.1 TITLE  |   | Change Addition            |
| STREET ADDRESS CITY-ST-ZIP  | DELETE  | 5.1 TITLE<br>5.2 NAME  |   | Change Addition            |
|   | ☐ DELETE  | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS                    |   | Change Addition            |
| CITY-ST-ZIP   |   | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP |   |                            |

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information out is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an ee empowered be execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

**FILED** 

Jan 16 1998 8:00am

Secretary of State