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FILED  
May 05 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000014088 (6)

1. Corporation Name  
MUSICANA - CLEARWATER, INC.

Principal Place of Business  
1580 MCMULLEN BOOTH  
CLEARWATER FL 34619

Mailing Address  
1580 MCMULLEN BOOTH  
CLEARWATER FL 34619



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/18/1994	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FET Number 59-3229392	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

BARLOW, RUTH D  
1580 MCMULLEN BOOTH  
CLEARWATER FL 34619

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	June Cuba
NAME	SHAW, JAMES R	1.2 NAME	3500 Parkway Ln., Ste. 435
STREET ADDRESS	1817 BALLY UNION DR	1.3 STREET ADDRESS	Norcross, GA 30092
CITY-ST-ZIP	DULUTH GA 30155	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	
NAME	ANDERSON, CAROLINE P	2.2 NAME	
STREET ADDRESS	3091 GOVERNOR'S LAKE DR STE 500	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORCROSS GA 30071	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	
NAME	June Cuba	3.2 NAME	
STREET ADDRESS	3500 Parkway Ln., Ste. 435	3.3 STREET ADDRESS	
CITY-ST-ZIP	Norcross, GA 30092	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Ruth D Barlow*

4-23-98 843-791-3304

CP2E034 (10/97)