

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000049893 (8)**

1. Corporation Name

ALLEN & ALLEN MUSIC, INC.



Principal Place of Business

**6541 HAWKSMOOR DRIVE
ORLANDO FL 32818**

Mailing Address

**P.O. BOX 551215
ORLANDO FL 32855**

3. Date Incorporated or Qualified
07/06/1994

3a. Date of Last Report
08/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

4. FEI Number

59-3251456

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIMONIC, NICHOLAS T
8280 PRINCETON SQUARE BLVD. WEST
#5
JACKSONVILLE FL 32256**

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 of officer or director of the corporation)

(Signature of Registered Agent required when registering)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME: **PD
ALLEN, BRUCE V.**
STREET ADDRESS: **2445 DUNN AVE #305**
CITY-STATE: **JACKSONVILLE FL**

2. TITLE ☐ DELETE

NAME: **STD
WIGGINS, ALLEN T.D.**
STREET ADDRESS: **6541 HAWKSMOORE DR.**
CITY-STATE: **ORLANDO FL**

3. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

4. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

5. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

6. TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE:

1. TITLE ☐ Change ☐ Addition

12 NAME:

13 STREET ADDRESS:

14 CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2.1 TITLE:

2.2 NAME:

2.3 STREET ADDRESS:

2.4 CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3.1 TITLE:

3.2 NAME:

3.3 STREET ADDRESS:

3.4 CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4.1 TITLE:

4.2 NAME:

4.3 STREET ADDRESS:

4.4 CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5.1 TITLE:

5.2 NAME:

5.3 STREET ADDRESS:

5.4 CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6.1 TITLE:

6.2 NAME:

6.3 STREET ADDRESS:

6.4 CITY-STATE-ZIP

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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

[Signature]
Date: **1/20/96** (467) 880-3523
Deadline Printed

CR2E034 (12/95)