

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000052524 (3)

1. Corporation Name

MUSE'S, INC.

Principal Place of Business

Mailing Address

2758 COASTAL HWY.
CRAWFORDVILLE FL 32327

2758 COASTAL HWY.
CRAWFORDVILLE FL 32327



3. Date Incorporated or Qualified

07/15/1994

3a. Date of Last Report

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

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29

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUSE, IRA "BUD" JR.
RT. 35, BOX 1725
TALLAHASSEE FL 32310

81 Name

Muse, Ira "Bud" Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

48 Rocky Bluff Trail

83

84

City Crawfordville

FL

85 Zip Code 32327

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]

(NOTE: Registered Agent's signature required when reappointing.)

7/31/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME MUSE, IRA BUD J
STREET ADDRESS RT. 35 BOX 1725
CITY - ST - ZIP TALLAHASSEE FL 32310

1.1 TITLE P
1.2 NAME muse, Ira Bud Jr.
1.3 STREET ADDRESS 48 Rocky Bluff Trail
1.4 CITY - ST - ZIP Crawfordville FL 32327

TITLE ST
NAME MUSE, CHARLOTTE A
STREET ADDRESS RT. 35 BOX 1725
CITY - ST - ZIP TALLAHASSEE FL 32310

2.1 TITLE ST
2.2 NAME Muse, Charlotte A.
2.3 STREET ADDRESS 48 Rocky Bluff Trail
2.4 CITY - ST - ZIP Crawfordville FL 32327

TITLE VP
NAME muse, Ryan C
STREET ADDRESS 48 Rocky Bluff Trail
CITY - ST - ZIP Crawfordville, FL 32327

3.1 TITLE VP
3.2 NAME muse, Ryan C
3.3 STREET ADDRESS 48 Rocky Bluff Trail
3.4 CITY - ST - ZIP Crawfordville, FL 32327

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charlotte A. Muse

8/31/96

(904) 926-2552

CR2E034 (3/96)