

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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
2758 COASTAL HWY.
CRAWFORDVILLE FL 32327

Mailing Address
2758 COASTAL HWY.
CRAWFORDVILLE FL 32327

FILED

97 JUL 24 AM 8:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/15/1994		3a. Date of Last Report 08/01/1996	
21		26		4. FEI Number 59-3239597		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

MUSE, IRA "BUD" JR.
48 ROCKY BLUFF TR.
CRAWFORDVILLE FL 32327

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 Charlotte A. Muse Charlotte A. Muse DATE 7/20/97
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSE, IRA BUD J	1.2 NAME	800002252818--8
STREET ADDRESS	48 ROCKY BLUFF TR.	1.3 STREET ADDRESS	-07/30/97--01089--012
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	1.4 CITY-ST-ZIP	****175.00 ****175.00
TITLE	ST	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSE, CHARLOTTE A	2.2 NAME	
STREET ADDRESS	48 ROCKY BLUFF TR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSE, RYAN C	3.2 NAME	2758 Coastal Hwy
STREET ADDRESS	48 ROCKY BLUFF TR.	3.3 STREET ADDRESS	Crawfordville, FL 32327
CITY-ST-ZIP	CRAWFORDVILLE FL 32327	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 Charlotte A. Muse Charlotte A. Muse DATE 7/20/97 7/20/97
Signature typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating)

CR2E034 (4/97)

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Muse's, Inc.
2758 Coastal Highway
Crawfordville, FL 32327

July 20, 1997

Division of Corporations
Annual Reports Section
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

RE: FEI #59-3239597
Document #P94000052524(3)

Enclosed you will find a check for \$175.00 to cover the filing fees for Muse's, Inc.

As we did not receive the original report and billing, my husband called your Tallahassee Office concerning the second notice. It is possible that with the change-over to comply with the new 911 addresses in Wakulla County, the original document may have been misdirected or returned. He was told that there would be granted an one-time-only grace period for our corporation as this has never happened before.

Should you have questions or need clarification, please contact me at (904) 926-2552.

Thank you for your assistance in this matter.

Sincerely,



CHARLOTTE A. MUSE
Secretary/Treasurer

Enclosures:
Check No. 1372
Profit Corporation Annual Report 1997