## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

1999

## DOCUMENT # **P94000086438**

1. Corporation Name

Principal Place of Business

AFFORDABLE MUSIC, INC.

DBA

5 TRADER

5021 SHERIDAN ST HOLLYWOOD FL 33021		5021 SHERIDAN ST HOLLYWOOD FL 33021			DO NOT MIDITE IN THE	e enace	
US		US			DO NOT WRITE IN THIS	S SPACE	<del></del>
					3. Date Incorporated or Qualifed 11/23/1994		
Principal Place of Business     2a. Mailing Address					4. FEI Number	Ap	plied For
					65-0568724	No	t Applicable
		Suite, Apt. #, etc.	Ant # etc.			\$8.75 A	Additional
<b>–</b>		<b>⊢</b>	<del>_</del>		5. Certifcate of Status Desired	Fee Re	-
		27 Cit. 8 Ct-t-	City_& State				
City & State		~~ <u> </u>	¬ '		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
		28	<u> </u>		Trust Fund Contribution		o rees
Zip	, ·		Country		8. This corporation owes the current year In		™No
24	25	29 30	DI		Personal Property Tax.	☐ Yes	Taluo
	9. Name and Address of Currer	nt Registered Agent	04		10. Name and Address of New Registered	Agent	
D4.4/			81	Name			
PAJOR, ANNAMARIA 1425 FUNSTON STREET & 31 HARRISON ST			<del>د 82</del>	Street Ad	dress (P.O. Box Number is Not Acceptable)		
		HARRISON STREET	· [				
HOL	LYWOOD FL 3 <del>3020</del> -		83	***			
	33019						
-			84	City	FL	85 Zip C	Code
	A. H	22 and 607 1508 Florida Statutos	the above	-named co	moration submits this statement for the numose of	f changing its	registered
office or r	enictored agent or both in the State	of Florida, Such change was auth	onzed by	the corpora	ition's board of directors. I hereby accept the appoint	intment as rep	gistered
agent. I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	a Statutes.				]
SIGNATURE							[
	Signature, typed or printed name of registered age			signature requi	ired when reinstating) DATE	NO BIDECTO	DO 111 40
12.		ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE		-	☐ Change	☐ Addition
NAME	PAJOR, ANNAMARIA		1.2 NAME				
STREET ADDRESS	1425 FUNSTON STREET 8	31 HARRISON STREET	1.3 STREET	ADDRESS			
CITY-ST-ZIP	HOLLYWOOD FL 33020 334	?i 9	1,4 C/TY-ST	-ZIP			
TITLE			2.1 TITLE			☐ Change	☐ Addition
NAME			2.2 NAME			•	- 1
	1124 N 13TH AVENUE		23 STREET	ADDDESS		شير	}
STREET ADDRESS	HOLLYWOOD FL-33019	2	2.4 CITY-S	l	المناسب المسابق المسابق	· ·	
CITY-ST-ZIP	HOLLINOOD FL 33019	☐ DELETE	2.4 CITY-S 3.1 TITLE	1-21		Change	Addition
TITLE	$\cdot$	C Dettere					
NAME			3.2 NAME				
STREET ADDRESS	·		3.3 STREET	ADDRESS			
CITY-ST-ZIP			3.4. CITY-S	T-ZIP			
TITLE		☐ DELETE	4,1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS	•		4.3 STREET	ADDRESS			
-			4.4 CITY-S1				
CITY-ST-ZIP			5.1 TITLE	-"		Change	Addition
TITLE			5.2 NAME	- 1		<b>—</b> . •	_
NAME			5.3 STREET	ADDRESS			
STREET ADDRESS							ì
C/TY-ST-ZIP	" <del>-</del>		5.4 CITY-ST	-ZIP			

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 any attactiment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

☐ DELETE

Daytime Phone #

☐ Change

Addition

May 03, 1999 8:00 am Secretary of State

05-03-1999 90109 049 \*\*\*150.00