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**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

. Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000093019 (5)

**FILED** May 09 1997 8:00am Secretary of State

	ON MUSIC										
Principal Plac	ce of Business	3		ailing Address				A CONTRACT AND STANK BASIN BASIN BASIN	SETTE IN PL	L WEST MALSON STREET	1 1 1/11 (101)
P.O. BOX 6775 ORLANDO FL				). Box 677579 Lando fl 32067-757(	•						
								3. Date incorporated or Qualified 12/22/1994		ate of Last R 30/1996	eport
2. Principal F	Place of Busin	ess	28.	Mailing Address				4. FEI Number		Ar	plied For
1		,	26					59-3301109			ot Applicable
Suite Apt.	.# eta.		27	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Stal	to			City & State			······································	6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution	Ц	Added	
7:p 24		Country 25	29	Zip	30 Co	ountry		8. This corporation has liability for Florida Statutes	intangible ] Yes		, 199.032,
:::::::::::::::::::::::::::::::::::::::		and Address of Cu		tered Agent		T	·· · · · · · · · · · · · · · · · · · ·	10. Name and Address of New Re	<u> </u>		
BRA	UNDON, KAF		····			81	Name				
225	1 SARNO R	OAD				82	Street Add	fress (P.O. Box Number is Not Acceptate	ole)	<del></del>	
MEL	BOURNE F	L <b>329</b> 35				83		and the second s			
								· · · · · · · · · · · · · · · · · · ·			
						B4	City		FL	<b>85</b> Zip i	Code
office or agent. La SIGNATURE	registered ag am familiar wi	ent, or both, in the S th, and accept the o	State of Florio obligations of	da. Such change wa f, Section 607.0505,	s authorize Florida Sta	ed by t atutes	the corpora	poration submits this statement for the pation's board of directors. I hereby acceptions	of the app	pointment as	registered
SIGNATIONE	Signature Typed	or printed name of registors	od agent and title	if applicable (N	OTE: Flegisler	red Agen	l signature requ	aired when reinstating)	DATE		
12.			od agent avid title S AND DIREC	CTORS	OTE: Register		l signature requ	ired when reinstating) ADDITIONS/CHANGES TO OFFIC			
	D	OFFICERS			13.		l signature requ			D DIRECTOR	RS IN 12
12. THUE NAME	D	OFFICERS , <b>Joseph</b>		CTORS	13. 1.1 1 1.2 1	TITLE NAME					
12. THUE NAME STREET ADDRESS	D VECCHIO 1015 COI	OFFICERS , <b>Joseph</b> NLEY <b>DR</b> .		CTORS	13. 1.11 1.21 1.33	Title Name Street a	ADORESS				
12. TIPLE NAME STREET ADDRESS CITY+ST-ZIP	D VECCHIO 1015 COI OVIEDO I	OFFICERS , <b>Joseph</b> NLEY <b>DR</b> .		CTORS  DELETE	13. 1.11 1.21 1.33 1.40	TITLE NAME STREET A CITY-ST-	ADORESS			Change	Addition
12. TIPUE NAME STREET ADDRESS CITY+ST-ZIP TITUE	D VECCHIO 1015 COI OVIEDO I	OFFICERS , JOSEPH NLEY DR. FL 32765		CTORS	13. 1.11 1.21 1.33 1.40 2.11	TITLE NAME STREET A CITY-ST-	ADORESS				
TIZ. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	D VECCHIO 1015 COI OVIEDO I V VECCHIO	OFFICERS , JOSEPH NLEY DR. FL 32765 , JOHN D		CTORS  DELETE	13. 1.11 1.21 1.33 1.40 2.11 2.21	TITLE NAME STREET A CITY-ST- TITLE NAME	ADORESS - ZIP			Change	Addition
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roo indepty coming that me mornitation supplied with this principle with the information indicated on this arrival 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 13 if changed, or on an attachment with an address.