

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 # P94000093195 (3)

1. Corporation Name

ANTHONY ANDRIANI MUSIC INC.



Principal Place of Business

1955 MARAVILLA AVE
SUITE 2
FORT MYERS FL 33901
US

Mailing Address

1955 MARAVILLA AVE
SUITE 9
FT MYERS FL 33901
US

3. Date Incorporated or Qualified
12/23/1994

3a. Date of Last Report
04/17/1995

2. Principal Place of Business

2a. Mailing Address

21 8807 Banyan Cove Circle

26 8807 Banyan Cove Circle

4. FEI Number
65-0569010

Applied For
Not Applicable

22 Suite, Apt. #, etc.
Fort Myers

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

23 City & State
Florida

28 City & State
Fort Myers, Florida

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

24 Zip
33919

Country
1

29 Zip
33919

Country
30

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

MOLLOY, MICHAEL A
8807 BANYAN COVE CIR
FT MYERS FL 33919

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 607.0509, Florida Statutes.

SIGNATURE

Michael A. Molloy

(NOTE: Registered Agent signature required when reappointing)

4/30/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTSD
NAME MOLLOY, MICHAEL A
STREET ADDRESS 8807 BANYAN COVE CIR
CITY-ST-ZIP FORT MYERS FL

☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

TITLE
NAME
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CITY-ST-ZIP

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1.2 NAME

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6.1 TITLE ☐ Change ☐ Addition

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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:

Michael A. Molloy

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/30/96

Daytime Phone #

SC 8196

CR2E034 (12/95)